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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Abebech Father's Name: Merkena G. Father's Name: Kuke

Date of Birth: 11-SEP-85 Place of Birth: Boditi Passport Number: EP9354965 Gender: Female

Address: - Region: Addis Ababa City: Keke Sub City: teka Woreda: 03 Kebele: _____ H. No.: _____

Occupation: Housemade Marital Status: married Labor ID Number: EF10526380

Contact Person in case of Emergency: Name Kouanis Kishwa Telephone: 0983289899

2. Particulars of The Travel

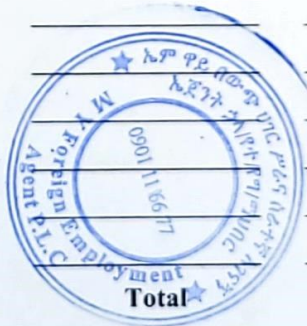
Agency Name: M Y AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: QATAR Departure (Effective) Date: _____

3. Beneficiary Information

I hereby assignee the policy benefits to the flowing beneficiaries. Policy benefit payments are subject required claim documents, court order and liquidation report attested by the court.

	Full Name	Relationship	Percentage Share	Address/Telephone
i.	<u>Kouannes Tishaw</u>	<u>Child</u>	<u>100%</u>	<u>Addis Ababa</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____



100%

Please attached copy of Passport and Kebele ID to this form.

Name of Life Assured: Abebech Merkena Signature: [Signature] Date: 3-feb-20