ኒያላ ኢንሹራንስ አ.ማ
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: CHALTU Father's Name: GUDETA G. Father's Name: GEMEDA.

Date of Birth: 14 NOV 02 Place of Birth: AMBO Passport Number: EP7486690 Gender: F

Address: - Region: OROMIA City: _____ Sub City: SHAGGER CITY Woreda: WADDESA H. No.: _____

Occupation: HOUSE WIFE Marital Status: SINGLE Labor ID Number: _____

Contact Person in case of Emergency: Name BIRETU AKUSHA Telephone: 0964527931.

2. **Particulars of The Travel**

Agency Name: ALKAIBA. Agency Contact Name: _____ Telephone: _____

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.	BIRETU AKUSHA	MOTHER		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Caltu Signature: Gudata Date: 17/05/25