



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: SOFYA Father's Name: AWOL G. Father's Name: JEMAL

Date of Birth: 11 FEB 88 Place of Birth: ARSI Passport Number: EQ 2072055 Gender: F

Address: - Region: OROMIA City: _____ Sub City: ARSI Woreda: SHASHIEMNE Kebele: _____ H. No.: _____

Occupation: HOUSE MAID Marital Status: MARRIED Labor ID Number: _____

Contact Person in case of Emergency: Name ABDU KOJI Telephone: 0966480594

2. Particulars of The Travel

Agency Name: AKABA 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.	<u>ABDU KOJI</u>	<u>BROTHER</u>	<u>100%</u>	
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
Total			100%	

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

Name of Life Assured: SOFYA Signature: [Signature] Date: 11/03/25