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: Ferino Father's Name: Mustefa G. Father's Name: Awoke

Date of Birth: 16-Apr-88 Place of Birth: Dera Passport Number: EP9225344 Gender: F

Address: - Region: Amhara City: S.wollo Sub City: ______ Woreda: [illegible] Kebele: 020 H. No.: ______

Occupation: House maid Marital Status: Married Labor ID Number: ______

Contact Person in case of Emergency: Name Kedir Endeshaw Telephone: 0930555549

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805149

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.	Mohamed Awoke	Brother	100%	Dera 0986349200
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

ADEY FOREIGN EMPLOYMENT AGENT P.L.C
0911 22 88 45
0911 25 90 58
011 5 62 02 62

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

Name of Life Assured: Ferino Mustefa **Signature:** ______ **Date:** 3-Dec-2024