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Nyala Insurance S.C

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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: ELFINESH Father's Name: TADU G. Father's Name: BELDA

Date of Birth: 03 MAR 92 Place of Birth: ADKA Passport Number: EP9042552 Gender: _____

Address: - Region: OROMIA City: _____ Sub City: BISHOP Woreda: ADKA Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name MESFEN TADU Telephone: 09 27227573

2. Particulars of The Travel

Agency Name: ALICABA Agency Contact Name: _____ Telephone: _____

Destination Country: QATAR Departure (Effective) Date: 21/01/25

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>MESFEN TADU</u>	<u>BROTHER</u>	<u>100%</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: _____ Signature: [Signature] Date: _____