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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: Sariya Father's Name: Jemal G. Father's Name: Nasir

Date of Birth: 10-Dec-1989 Place of Birth: Gumay Passport Number: EP6828108 Gender: Female

Address: - Region: Oromia City: Jimma Sub City: Gumay Woreda: Gumay Kebele: 18 H. No.: -

Occupation: Housemaid Marital Status: Married Labor ID Number: -

Contact Person in case of Emergency: Name Mohammed Nuri Telephone: 0912639939

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 0912805194

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>Mohammed Nuri</u>	<u>Uncle</u>	<u>100%</u>	<u>A.A/0912639939</u>
ii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
iii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
iv.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
v.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
vi.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
vii.	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
			Total	100%



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

Name of Life Assured: Sariya Jemal Signature: Seen Date: 14-Apr-25