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: Boge Father's Name: Kebede G. Father's Name: Kasye

Date of Birth: 11-sep-92 Place of Birth: Dejelu Bora Passport Number: EP7486534 Gender: female

Address: - Region: Oromia City: Arsi Sub City: _____ Woreda: Robe Kebele: _____ H. No.: _____

Occupation: housemaid Marital Status: Married Labor ID Number: EF10186785

Contact Person in case of Emergency: Name Tekele Tadese Telephone: 0965951372

2. Particulars of The Travel

Agency Name: Adey foreign employment Agency Agency Contact Name: Neway 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.	Tekele Tadese	husband	100%	Robe / 0965957372
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Boge Kebede **Signature:** _____ **Date:** 20-sep-24