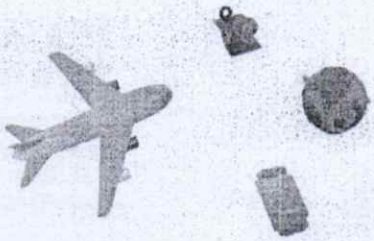

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Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. **Particulars of the Life Assured:**

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Tsehay Father's Name: Dejene G. Father's Name: Tsega

Date of Birth: 28-Jan-92 Place of Birth: Shoa Passport Number: EQ1270119 Gender: female

Address: - Region: Oromia City: Arsi Sub City: Tiyo Woreda: Tiyo Kebele: ____ H. No.: ____

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

Contact Person in case of Emergency: Name Desalu worku Telephone: 0933796211

2. **Particulars of The Travel**

Agency Name: Al Kaba Agency Contact Name: Nejwa Telephone: 0972302020

Destination Country: Dubai 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.	Desalu werku	Husband	100/-	0933796211
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Tsehay **Signature:** ____ **Date:** 11-Feb-25