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Nyala Insurance S.C
 Tel: 251-116-62667, Fax: 251-116-62670
 Registration Office: Mikki Lalard Street
 P.O. Box: 12793 Addis Ababa, Ethiopia
 e-mail: nyala@nyalainurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: APERB Father's Name: HAMID G. Father's Name: LENSISO

Date of Birth: 29-Jul-98 Place of Birth: WIE WASS Passport Number: EQ 2256140 Gender: Female

Address: - Region: OROMIA City: AYSI Sub City: Digaluji Woreda: Xijo Kebele: _____ II. No.: _____

Occupation: House maid Marital Status: Married Labor ID Number: EFKXR13089

Contact Person in case of Emergency: Name Abduqader Kadir Telephone: 0934949747

2. Particulars of The Travel

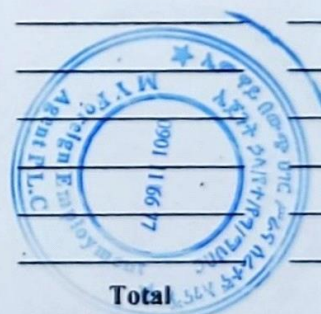
Agency Name: M.Y. AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

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>Abduqadir Kadir</u>	<u>Husband</u>	<u>100%</u>	<u>Asella</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: APERB HAMID Signature: [Signature] Date: 2-4-2025