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Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626766  
Protection House, Milky Leland Street  
P.O. Box: 12753, Addis Ababa, Ethiopia  
e-mail: nisco@nyalainsurancesc.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

### Particulars of the Life Assured:

(Mr./Ms./Mrs.)

(as printed in the passport)

Name: Aliya Father's Name: Alussen G. Father's Name: Aman  
Date of Birth: 12-Sep-91 Place of Birth: Abu Ali Passport Number: EP8783631 Gender: Female  
Address: - Region: Oromia City: Arsi Sub City: Arsi Rube Woreda: Rube Kebele H. No.: -  
Occupation: House maid Marital Status: Married Labor ID Number: EF10508853  
Contact Person in case of Emergency: Name Abdu Wahab Telephone: 0924105457

### Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 097230240  
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>Abdu Wahab</u> | <u>Husband</u> | <u>100%</u>      | <u>0924105457</u> |
| II. _____            | _____          | _____            | _____             |
| III. _____           | _____          | _____            | _____             |
| IV. _____            | _____          | _____            | _____             |
| V. _____             | _____          | _____            | _____             |
| VI. _____            | _____          | _____            | _____             |
| VII. _____           | _____          | _____            | _____             |
| Total                |                |                  | 100%              |

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

Name of Life Assured: Aliya Signature: [Signature] Date: 22-Feb-25