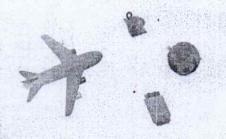


1. Particulars of the Life Assured:



ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.C

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

Foreign Employment Term Assurance (FETAP) Proposal Form

Title: Mr./Ms./Mrs.			
(As printed in the passport)			A Stanford See as the Land See See See
Name: Bekelu Fathe	r's Name: Chelke	G. Father's Na	me: Gonida
Date of Birth: 16 -0 cd - 87 Place of Birth	: Jeledu Passpo	ort Number: <u>EP729</u>	6137 Gender: Female
Address: - Region: Oroma City: Jeter	Sub City:	Woreda: Kebele:	H. No.:
Occupation: House maid Marit	al Status: Marne	Labor ID Numbe	r:
Contact Person in case of Emergency: Name_	Dereie lechi	Telephone: 09208	840/83
2. Particulars of The Travel	ecro-Assuran	ee (FETAP) P	ropus 2000
Agency Name: Alkaba	_ Agency Contact Name	:Telep	phone:
Destination Country: Dubai	Departure (Effective) I	Date:	
3. Beneficiary Information	ra Name	Ci. Latheria	
thereby assignee the policy benefits to the flow documents, court order and liquidation report a	14-30 A	benefit payments are subje	ect required claim
	Subjective 4 a	Werena Kebela	
Full Name	Relationship	Percentage Share	Address/Telephone
i. Dereje lechisa	husband	100 /	0920840183
II.			
iii.			
iv.	The control of the second seco	fgaj	йания
vi.	Papanas (Pakerise)		
vii.			
		Total	100%
Please attached copy of Passport and Kebele II	D to this form.	betterd payments are sun-	
Name of Life Assured:	Signature:	Date:	
	transference of the	TELECULARY CORNER	A STATE OF THE PARTY OF THE PAR