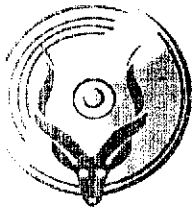

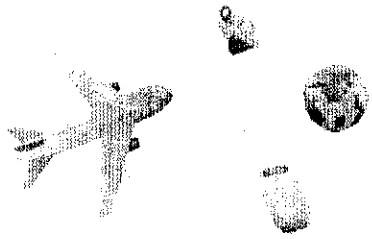

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Nyala Insurance S.C
Tel: 251-11[illegible]67, Fax: 251-11[illegible]
Protection [illegible] Milky Leland Street
P.O. Box [illegible] Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(as printed in the passport)

Name: AYISHA Father's Name: KEMAL G. Father's Name: ABACHISA.

Date of Birth: 11 OCT 91 Place of Birth: SEBEICA Passport Number: EP9359900 Gender: F

Address: - Region: OROMIA City: Sub City: JIMMA Woreda: SHEBE Kebele: H. No.:

Occupation: HOUSE MAID Marital Status: MARRIED. Labor ID Number:

Contact Person in case of Emergency: Name MOHAMMED KEMAL Telephone: 0902203637

2. Particulars of The Travel

Agency Name: ALKABA. Agency Contact Name: 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.	MOHAMMED KEMAL	BROTHER		100%
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: ዝናሽ Signature: Date: 19/03/25