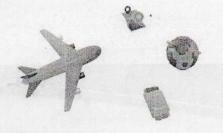


1. Particulars of the Life Assured:



ኒያላ ኢንሹራንስ አ-ጣ 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

Title: Mr./Ms./Mrs.			
(As printed in the passport)	RELEASE OF THE PARTY OF THE PAR		
Name: Chaltu Fathe	r's Name: Boka	G. Father's	Name: Kebeele
Date of Birth: 18 - Dee- Place of Birth	: D66i Passp	oort Number: PP873	2696 Gender: Semale
Address: - Region: City:	Sub City: Kolfe/	Kerworeda: 11 Kebel	le:H. No.:
Occupation: House maid Marit Contact Person in case of Emergency: Name	al Status: Sing (e Labor ID Nun	nber:
Contact Person in case of Emergency: Name	Ejegayen Age	Telephone: 092	162 2896
2. Particulars of The Travel			
Agency Name: Al-Icaba	_ Agency Contact Nam	e: Nejwa To	elephone: 09723020
Destination Country: UAE	Departure (Effective)	Date:	_
3. Beneficiary Information			
I hereby assignee the policy benefits to the floodocuments, court order and liquidation report		ry benefit payments are so	ubject required claim
Full Name	Relationship	Percentage Share	Address/Telephone
i. Ejegah jhu Ayalem	Aunt	100%	09216228 96
ii		retephon.	The second second
iii.	TRANSCO CONTRACTOR		
iv.			of the second of
V		A CHAPLE	PRINCE LIANUS + CK
vi.			
vii.		Total	100%
Please attached copy of Passport and Kebele I	D to this form	e de la la payanesta ma o	
ricase attached copy of Passport and Rebele I			2
Name of Life Assured: Chaltu	Signature:	Maltu Date	: 19-12ec-24