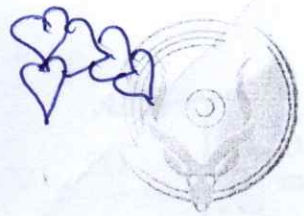

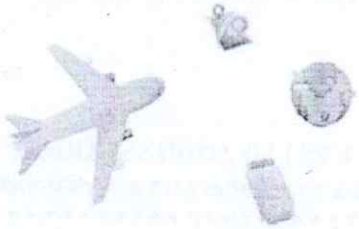

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Nyala Insurance S.C
Tel: 251-115-626667, Fax: 251-115-6
Protection House, Miky Leland Stre
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

(Tick Mr. Ms./Mrs.

(As printed in the passport)

Name: SHEMSIYA Father's Name: KEDIR G. Father's Name: KIMO

Date of Birth: 7-SEP-98 Place of Birth: FARCHU Passport Number: EQ1127036 Gender: FEMALE

Address: - Region: OROMIYA City: _____ Sub City: ARSI Woreda: Bokoji Kebele: _____ H. No.: _____

Occupation: HOUSEMAID Marital Status: MARRIED Labor ID Number: EF11115688

Contact Person in case of Emergency: Name KEDIR KIMO Telephone: 09-39-78-79-43

2. Particulars of The Travel

Agency Name: AL KABA Agency Contact Name: NEJEMA Telephone: 09-74-69-69-69

Destination Country: UAE Departure (Effective) Date: 5-AUG-25

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.	KEDIR KIMO	FATHER	100%	09-39-78-79-43
II.				
III.				
IV.				
V.				
VI.				
			Total	100%

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

Name of Life Assured: Shamsiyaa Signature: _____ Date: 5-AUG-25