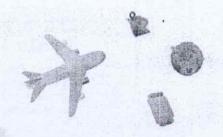


Particulars of the Life Assured:



## ኒያላ ኢንሹራንስ አ-ማ Nyala Insurance S.C

Tel: 251-116-626667, Fax: 251-116-626708 Protection House, Miky Leland Street P.O. Box: 12753, Addis Ababa, Ethiopia e-mail; nisco @nyalainsurancesc.com

## Foreign Employment Term Assurance (FETAP) Proposal Form

Fitle: Mr./Ms./Mrs.				
(As printed in the passport)				
Hame: Kenziya	Father's Name: \\US	G. Father's	Name: Mohammed	
	Place of Birth: Endbir Pas	sport Number: <u>EP76</u>	88084Gender:	
Address: - Region:	City: A · A · Sub City: Addis Keter	Woreda: 0 2 Kebe	ele:H. No.:	
	aid Marital Status: Sing	Labor ID Nu	mber:	
Contact Person in case of Emerg	gency: Name Aysha moha	mustelephone: 0939	8992040	
Particulars of The Travel	ment Print Assum		Proposal Forms	
Agency Name: Alk	Agency Contact Na	me: T	elephone:	
Destination Country: Du	bal Departure (Effective	Departure (Effective) Date:		
3. Beneficiary Information	The Committee of the Co	A miner's	oblane at	
hereby assignee the policy ben	efits to the flowing beneficiaries. Pol	icy benefit payments are s	subject required claim	
	idation report attested by the court.			
Full Name	Relationship	Percentage Share	Address/Telephone	
	Mother	100'6	0938992040	
ii.				
iii.				
iv.				
V		dal male		
vi.				
vii.				
		Total	100%	
Please attached copy of Passport and Kebele ID to this form.				
Name of Life Assured:	Signature:		Date:	
	es anomann " se	S. SPECECIARY, SERVE		