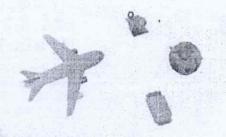


Particulars of the Life Assured:



## 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

title: Mr./Ms./Mrs.		•	
As printed in the passport)			
Name: EBISE	Father's Name: Wegi	G. Father's	Name: Dugassa
Date of Birth: 12 - Sep-95 P	lace of Birth: Chobi Passi	oort Number: £Q101	2238 Gender: female
Address: - Region: Oromia C	ity: Jelshew Sub City:	Woredachob Kebe	le: O H. No.:
Occupation: House maio	d Marital Status: Single	Labor ID Nur	nber: EFR × U97664
Contact Person in case of Emerger  2. Particulars of The Travel	ncy: Name Wegi Dugas	Telephone: 09 13	957309
Agency Name: Alkaba	Agency Contact Nam	e: T	elephone:
Destination Country: Dub	Departure (Effective)	Date:	<u>.</u>
3. Beneficiary Information	Color Samuel	Les y alleges	
hereby assignee the policy benefit	ts to the flowing beneficiaries. Polic	v benefit payments are si	abject required claim
documents, court order and liquida			
Full Name	Relationship	Percentage Share	Address/Telephone
	Father	Labor ID Nur	093957309
Mil.	Tather	10073	073731307
ii.			
iii.			
iv.	Assentiv Contact Name		Herbord.
V			
vi.	is mindification	Date Table	
vii			
		Total	100%
Please attached copy of Passport at	nd Kebele ID to this form.	y neticult payments are so	
Name of Life Assured: EB;S		# Date:	
	The state of the s		