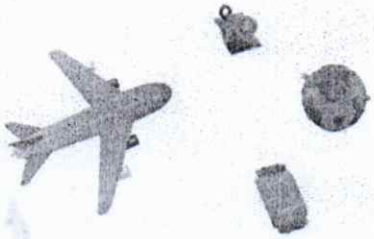

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Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. **Particulars of the Life Assured:**

Title: Mr./Ms./Mrs.
(As printed in the passport)

Name: Sada Father's Name: Jemal G. Father's Name: Andegbe

Date of Birth: 29-Dec-95 Place of Birth: Meskan Passport Number: EP6584602 Gender: female

Address: - Region: South City: Butajira Sub City: Meskan Woreda: ____ Kebele: ____ H. No.: ____

Occupation: House maid Marital Status: Single Labor ID Number: ____

Contact Person in case of Emergency: Name Negru jemal Telephone: ~~0973144~~ 0916783613

2. **Particulars of The Travel**

Agency Name: Alkaba Agency Contact Name: Negus Telephone: 0972302040

Destination Country: Dubai 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.	Jemal Andegbe	father	100	0920977460
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	**100%**

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

Name of Life Assured: Sada **Signature:** ____ **Date:** 3-Feb-25