



ኒላ ኢንሹራንስ አ.ማ
Nyala Insurance S.

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: EKram Father's Name: Mohammed G. Father's Name: Reta

Date of Birth: 17-Jun-92 Place of Birth: DeSe Passport Number: E02051178 Gender: Female

Address: - Region: Adis Ababa City: Lemkeura Sub City: Lemi Kura Woreda: 14 Kebele: H. No.:

Occupation: Housemade Marital Status: married Labor ID Number:

Contact Person in case of Emergency: Name Endris Hussen Telephone: 0933654609

2. Particulars of The Travel

Agency Name: MY AGENCY Agency Contact Name: Merima ALI Telephone: 0901116677

Destination Country: UAE / Qatar 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. | <u>Endris Hussen</u> | <u>Husband</u> | <u>50%</u> | <u>Adis Ababa</u> |
| ii. | <u>Abubeker Endris</u> | <u>child</u> | <u>25%</u> | <u>"</u> |
| iii. | <u>Abdurehman Endris</u> | <u>child</u> | <u>25%</u> | <u>"</u> |
| iv. | <u></u> | <u></u> | <u></u> | <u></u> |
| v. | <u></u> | <u></u> | <u></u> | <u></u> |
| vi. | <u></u> | <u></u> | <u></u> | <u></u> |
| vii. | <u></u> | <u></u> | <u></u> | <u></u> |
| | | | Total | 100% |

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

Name of Life Assured: EKram Mohammed Signature: [Signature] Date: 28-APR-25