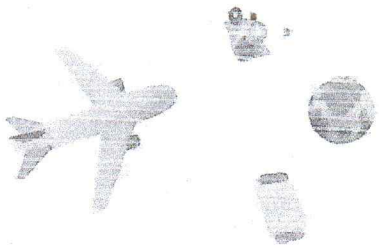

ኒያላ ኢንሹራንስ አ.ማ
Nyala Insurance S.
Tel: 251-116-626657, Fax: 251-116-626
Protection House, Miky Leland Street
P.O Box: 12752, Addis Ababa Ethiopia
e-mail: nisco@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal For

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Lidya Father's Name: Tesfaye G. Father's Name: Gizaw

Date of Birth: 17 Jun 89 Place of Birth: Mojo Passport Number: EP7027781 Gender: FEMALE

Address: - Region: A/A City: _____ Sub City: Akaki Kaliti Woreda: 06 Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: married Labor ID Number: _____

Contact Person in case of Emergency: Name mesfen demese Telephone: 0913002545

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

Destination Country: UAE 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.	mesfen demese	Husband	100%	0913002545
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
		Total		100%

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

Name of Life Assured: Lidya Signature: _____ Date: 27/03/25