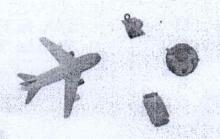


1. Particulars of the Life Assured:



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

M 24-24-			
Title: Mr./Ms./Mrs.			
(As printed in the passport)	r's Name: Abul	G. Father's Name	Rebo
Date of Birth: 12-5ep-91 Place of Birth	: Huls AreboRasspo	rt Number: <u>FF 74 8664</u>	3 Gender: temale
Address: - Region: Oromic City: Arsi			
Occupation: House maid Marita	al Status: Married	Labor ID Number:	
Contact Person in case of Emergency: Name	Abdulaziz ked	Telephone: 0 95355	217/
2. Particulars of The Travel	erm Assurun	ce (FETAP) Pro	DOSAL FOR 03
	Agency Contact Name:	Telepho	ne'
Agency Name: Alkaba	_ Agency Contact Name.	Тегерие	ne.
Destination Country: 2 work	Departure (Effective)	Date:	
3. Beneficiary Information	and the second of the	G. Lather's Marc	etale makening
I hereby assignee the policy benefits to the floo	wing beneficiaries. Policy	benefit payments are subject	required claim
documents, court order and liquidation report		TO INTERDED	Contract of the contract of th
	Sub-City: Selection	Wends Kebele:	All to
Full Name	Relationship	Percentage Share Ad	dress/Telephone
i. Maru	Husband	100 %	953552171
ii. a communicatel mary par Nate		7 ciephaine	
iii.			Phys. Carry des
iv.			
V.	Agency Contact Name	Telopla	one, .
yi.	Department Process		
vii.			
A CONTRACTOR OF THE STATE OF TH		Total	100%
► to in Fits in the thi	wing beneficiaries. Policy	benefit payments are subject	required claim
Please attached copy of Passport and Kebele I	D to this form.	44.0	
Name of Life Assured:	Signature:	Date:	
a partir de la companya de la compa	ActationsSip	dinen stare	
		THE PARTY OF THE P	· · · · · · · · · · · · · · · · · · ·