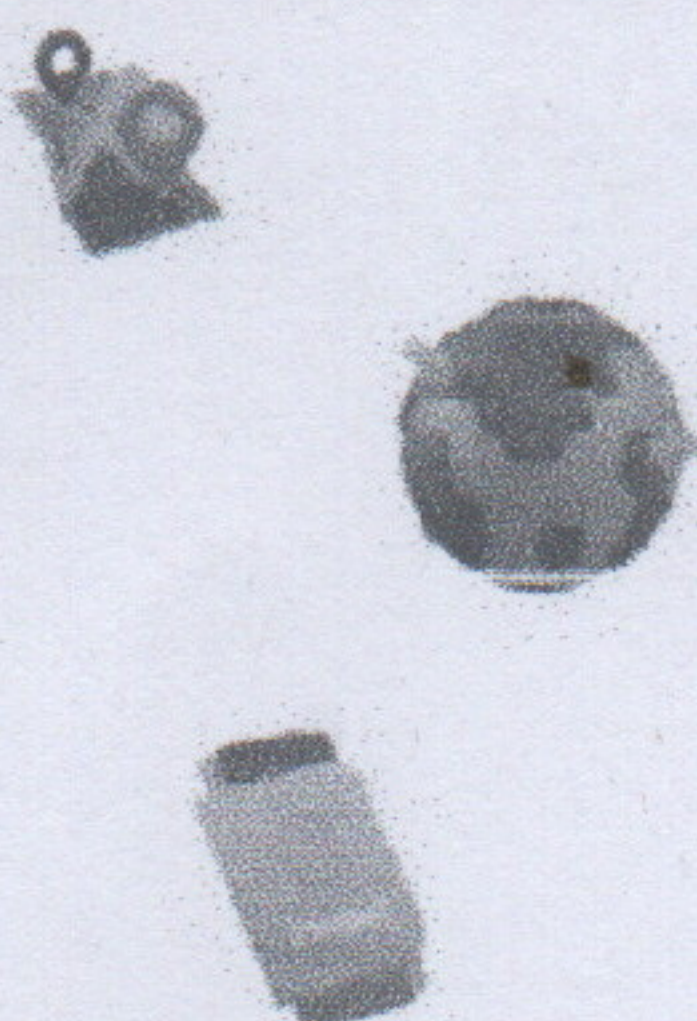




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Nyala Insurance S.C

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: webeye Father's Name: Abucher G. Father's Name: workalemahu

Date of Birth: 27 Apr 91 Place of Birth: Natmereth Passport Number: EEA 1287927 Gender:

Address: - Region: Oromia City: Sub City: Adama Woreda: Gefee Kebele: H. No.:

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

Contact Person in case of Emergency: Name meskerem rebede Telephone: 09 4055 3483

2. Particulars of The Travel

Agency Name: BMG Agency Agency Contact Name: Getauon Telephone: 0911 277320

Destination Country: Qatar/DAE 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>Abucher workalemahu</u>	<u>Father</u>	<u>100%</u>	<u>0940553483</u>
ii.	<u></u>	<u></u>	<u></u>	<u></u>
iii.	<u></u>	<u></u>	<u></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: webeye Signature: [Signature] Date: 27/05/25