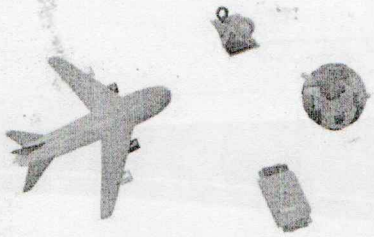

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Nyala Insurance S.C
Tel: 251-116-626667, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco @nyalainsurancesc.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Gadise Father's Name: Bersisa G. Father's Name: Diro

Date of Birth: 6-Jul-02 Place of Birth: Sebeta Awas Passport Number: EP7366502 Gender: Female

Address: - Region: _____ City: _____ Sub City: _____ Woreda: ____ Kebele: _____ H. No.: _____

Occupation: Housemaid Marital Status: Single Labor ID Number: _____

Contact Person in case of Emergency: Name Berfe Abera Telephone: 0940355651

2. Particulars of The Travel

Agency Name: Al-Kaba Agency Contact Name: Nejwa Telephone: 0972302010

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.	Berfe Abera	Mother	100%	0940355651
ii.				
iii.				
iv.				
v.				
vi.				
vii.				
			Total	100%

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

Name of Life Assured: Gadise **Signature:** _____ **Date:** 19-Dec-24