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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: Fasika Father's Name: Asfaw G. Father's Name: Demessie

Date of Birth: 01-Oct-001 Place of Birth: Addis Ababa Passport Number: EP8724060 Gender: Female

Address: - Region: A-A City: Adisugeba Sub City: Gulele Woreda: 01 Kebele: - H. No.: 157

Occupation: Housemaid Marital Status: Single Labor ID Number: EF11174661

Contact Person in case of Emergency: Name Shalem Mulate Telephone: 0947524864

2. Particulars of The Travel

Agency Name: Aden Agency Agency Contact Name: Norway Telephone: 0912805194

Destination Country: Dubai 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>Shalem Mulate</u>	<u>Nephew</u>	<u>100%</u>	<u>0947524864</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%



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

Name of Life Assured: Fasika Asfaw Signature: [Signature] Date: 6-May-25