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Nyala Insurance S.C

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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: Bekelu Father's Name: Cheikeba G. Father's Name: Gonida

Date of Birth: 16-Oct-87 Place of Birth: Tejedu Passport Number: EP7296137 Gender: Female

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

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

Contact Person in case of Emergency: Name Dereje lechisa Telephone: 0920840183

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: _____ Telephone: _____


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>Dereje lechisa</u> | <u>husband</u> | <u>100%</u> | <u>0920840183</u> |
| ii. _____ | _____ | _____ | _____ |
| iii. _____ | _____ | _____ | _____ |
| iv. _____ | _____ | _____ | _____ |
| v. _____ | _____ | _____ | _____ |
| vi. _____ | _____ | _____ | _____ |
| vii. _____ | _____ | _____ | _____ |
| Total | | | 100% |

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

Name of Life Assured: _____ Signature:  Date: _____