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Nyala Insurance S.C

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Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
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Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: yetemwork Father's Name: Kiflu G. Father's Name: Wube

Date of Birth: 04 may 90 Place of Birth: Gubesaye Passport Number: EP8747535 Gender: FEMALE

Address: - Region: oromia City: Elshoa Sub City: _____ Woreda: Ada Kebele: _____ H. No.: _____

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

Contact Person in case of Emergency: Name Addis Shiferaw Telephone: 09 4631 49 61

2. Particulars of The Travel

Agency Name: B M G Foreign Employment Agency Agency Contact Name: GETAHUN Telephone: 0911277320

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.	<u>Addis shiferaw</u>	<u>husband</u>	<u>100%</u>	<u>Ada</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: yetemwork Signature: [Signature] Date: 05/09/24