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Nyala Insurance S.C

Tel: 251-116-626067, Fax: 251-116-626706
Protection House, Miky Leland Street
P.O. Box: 12753, Addis Ababa, Ethiopia
e-mail: nisco@nyalainsurance.com

Foreign Employment Term Assurance (FETAP) Proposal Form

1. Particulars of the Life Assured:

Title: Mr./Ms./Mrs.

(As printed in the passport)

Name: Loni Father's Name: Tesema G. Father's Name: Senbetu

Date of Birth: 17-Jun-91 Place of Birth: Adama Passport Number: EQ1927958 Gender: Female

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

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

Contact Person in case of Emergency: Name Dinku Tesema Telephone: 0912221085

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>Brother</u>	<u>100 %</u>	<u>0912221085</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: _____