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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: Hawulet Father's Name: seid G. Father's Name: maruf

Date of Birth: 07-JUL-86 Place of Birth: Wollo Passport Number: EQ1354657 Gender: female

Address: - Region: Amhara City: South Wollo Sub City: Wollo Woreda: Tehula Dera Kebele: 01 H. No.: _____

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

Contact Person in case of Emergency: Name Hussen keder Telephone: 0910141003

2. Particulars of The Travel

Agency Name: Alkaba Agency Contact Name: Nejma Telephone: 0972302010

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>Hussen keder</u>	<u>Brother in law</u>	<u>100%</u>	<u>0910141003</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Ussahz Jirga Signature: [Signature] Date: _____