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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: Asha Father's Name: Abdulkarim G. Father's Name: Haji

Date of Birth: 01-Apr-07 Place of Birth: Sirka Passport Number: EQ1856376 Gender: R

Address: - Region: Oromia City: Arsi Sub City: Sirka Woreda: machitu Kebele: 01 H. No.: -

Occupation: House maid Marital Status: married Labor ID Number: EF11140811

Contact Person in case of Emergency: Name Abas Habi Telephone: 0921084296

2. Particulars of The Travel

Agency Name: Adey Agency Agency Contact Name: Neway Telephone: 09128

Destination Country: Kuwait 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>Abdulkarim Haji</u>	<u>Father</u>	<u>100%</u>	<u>0921084296</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Asha Abdulkarim Signature: [Signature] Date: 26-06-25