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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: Feleku Father's Name: Endale G. Father's Name: Shifawu

Date of Birth: 19-Jul-93 Place of Birth: Yirgalem Passport Number: EQ2151742 Gender: FEMALE

Address: - Region: AA City: _____ Sub City: Bole Woreda: 04 Kebele: _____ H. No.: _____

Occupation: House maid Marital Status: S Labor ID Number: EP11285942

Contact Person in case of Emergency: Name Amelawork Telephone: 0926129455
Endale

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>Banchayew endale</u>	<u>Sister</u>	<u>100%</u>	<u>0926129455</u>
ii.	_____	_____	_____	_____
iii.	_____	_____	_____	_____
iv.	_____	_____	_____	_____
v.	_____	_____	_____	_____
vi.	_____	_____	_____	_____
vii.	_____	_____	_____	_____
			Total	100%

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

Name of Life Assured: Feleku Signature: [Signature] Date: 11/7/20