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Zemen Insurance S.C.

Address: A.A S/City Bole H.No 2nd Floor 3140
Tel: 0115575464/0911575850

Receipt Order

Branch Name: Merkato

Branch Code: 13

Type of Business:

Source of Business: Direct

Name of intermediary: Direct

Name of Insured: cvbcbcvbc

Sub city: Kolfe Keraniyo Woreda: House No. Vat Reg. No: Tin:

The sum of Birr: Forty-three thousand, five hundred sixty-four Birr Only

Period insurance from: 12/3/2024 To: 11/3/2025

Sum Insured: 8599999

Premium Type: New

Certificate No:

Endorsement No:

Excess:

Customer ID: 2560

Policy No: ZI/MR/MTP/0087/03/24

Claim No:

	Amount
	43,559.4
Basic Premium:	43559.40
3rd part fund levy:	0
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	
Sum:	
VAT 15%:	
Total:	43564.4

Being:

Cash/Cheque No. _____

Officer Name and signature: