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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: asdasdasd

Sub city: Bole Woreda: House No. Vat Reg. No: Tin:

The sum of Birr: Two thousand, nine hundred sixty-five Birr Only

Period insurance from: 30/2/2024 To: 1/3/2025

Sum Insured: 15400

Premium Type: New

Certificate No:

Endorsement No:

Excess:

Customer ID: 2413

Policy No: ZI/MR/MPR/0037/02/24

Claim No:

	Amount
Daily cash allowance	2,800
Basic Premium:	2960.54
3rd part fund levy:	0
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	
Sum:	
VAT 15%:	
Total:	2965.54

Being: Daily cash allowance

Cash/Cheque No. \_\_\_\_\_

Officer Name and signature: