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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: Tewodros

Branch Code: TW

Type of Business: Corporate

Source of Business: Direct

Name of intermediary: Direct

Name of Insured: sdfsd

Sub city: Yeka Woreda: 4 House No. 55255 Vat Reg. No: Tin:

The sum of Birr: one thousand, fourteen

Period insurance from: 11/04/2024 To: 10/04/2025

Sum Insured: 1,548,180

Premium Type: New

Certificate No:

Endorsement No:

Excess:

Customer ID: 2866

Policy No: ZI/TW/FRE/0000/4/24

Claim No:

	Amount
Basic Premium:	1014.97
3rd part fund levy:	
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	0
Sum:	
VAT 15%:	
Total:	1014.97

Being: Payment for Fire and Lightning insurance cover

Cash/Cheque No. _____

Officer Name and signature: