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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: Adama

Branch Code: 4

Type of Business:

Source of Business: Direct

Name of intermediary: Direct

Name of Insured: dsdsdfs

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

The sum of Birr: Three thousand, five hundred twenty-five Birr Only

Period insurance from: 23/2/2024 To: 22/2/2025

Sum Insured: 150000

Customer ID: 2328

Policy No: ZI/AD/MPR/0032/02/24

Claim No:

Premium Type: New

Certificate No:

Endorsement No:

Excess:

	Amount
Daily cash allowance	2,000
Basic Premium:	3520
3rd part fund levy:	0
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	
Sum:	
VAT 15%:	
Total:	3525

Being: Daily cash allowance

Cash/Cheque No. _____

Officer Name and signature: