## ዘመን ኢንሹራንስ አማ Zemen Insurance S.C.

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

## **Receipt Order**

Customer ID: 2532	
	0/03/24
Claim No:	
<b>&gt;</b>	
I. Mal Dan Mar III'r	
9	
-	
	Amount
Basic Premium:	8659.64
3rd part fund levy:	0
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY	
REVENUE STAMP:	5
OTHER:	
Sum:	
VAT 15%:	
Total:	8664.64
	Policy No: ZI/MR/MPR/007 Claim No:  Jo. Vat Reg. No: Tin: Sixty-four Birr Only  Basic Premium: 3rd part fund levy: FLOOD: TE: YC: TP COMO: TP FUND LEVY: EXCESS CONT/RECOVERY: REVENUE STAMP: OTHER: Sum: VAT 15%:

Being:	
Cash/Cheque No	Officer Name and signature: