ዘመን ኢንሹራንስ አማ 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	Customer ID: 2475	
Type of Business:	Policy No: ZI/MR/MPR/006	0/03/24
Source of Business: Direct	Claim No:	
Name of intermediary: Direct		
Name of Insured: cccccc		
Sub city: Yeka Woreda: House No. Vat Reg. No		
The sum of Birr: Seven thousand, eight hundred e	ighty-eight Birr Only	
Period insurance from: 6/3/2024 To: 5/3/2025		
Sum Insured: 780000		
		Amount
Premium Type: New	Basic Premium:	7883
Certificate No:	3rd part fund levy:	0
Excess:	FLOOD:	
	TE:	
	YC:	
	TP COMO:	
	TP FUND LEVY:	
	EXCESS CONT/RECOVERY:	
	REVENUE STAMP:	5
	OTHER:	
	Sum:	
	VAT 15%:	
	Total:	7888

Officer Name and signature:

Cash/Cheque No. _____