

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: Tewodros

Branch Code: TW

Type of Business: Corporate

Source of Business: Direct

Name of intermediary: Direct

Name of Insured: dfgdfgdfgds

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

The sum of Birr: three thousand, seven hundred ninety-three

Period insurance from: 17/04/2024 To: 16/04/2025

Sum Insured: 5,540,000

Customer ID: 2859

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

Claim No:

Premium Type: New

Certificate No:

Endorsement No:

Excess:

	Amount
Basic Premium:	3793.41
3rd part fund levy:	
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	0
Sum:	
VAT 15%:	
Total:	3793.41

Being: Payment for Fire and Lightning insurance cover

Cash/Cheque No. _____

Officer Name and signature: