## ዘመን ኢንሹራንስ አማ Zemen Insurance S.C.

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

## **Receipt Order**

Brand	ch	Na	me:	Adama
_		_		

Branch Code: AD Customer ID: 2353

Type of Business: Corporate Policy No: ZI/AD/FRE/0000/2/24

Source of Business: Direct Claim No:

Name of intermediary: Direct Name of Insured: fdfbdfb

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

The sum of Birr: seventy-eight

Period insurance from: 27/02/2024 To: 26/02/2025

Sum Insured: 78,500

Premium Type: New

Certificate No: Endorsement No:

Excess:

	Amount
Basic Premium:	78.72
3rd part fund levy:	
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	0
Sum:	
VAT 15%:	
Total:	78.72

Being: Payment for Fire	nd Lightning insurance cover
Cash/Cheque No	Officer Name and signature: