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: 2873

Officer Name and signature:

Type of Business:	Policy No: ZI/MR/MTP/0120/04/24	
Source of Business: Direct	Claim No:	
Name of intermediary: Direct		
Name of Insured: sdfsdf		
Sub city: Yeka Woreda: House No. Vat		
The sum of Birr: One lakh seventy thousan		
Period insurance from: 18/4/2024 To: 17	//4/2025	
Sum Insured: 154000		<u> </u>
Premium Type: New		Amount
Tremum Type. New	Basic Premium:	170725.00
Certificate No:	3rd part fund levy:	0
Endorsement No:	FLOOD:	
	TE:	
Excess:	YC:	
	TP COMO:	
	TP FUND LEVY:	
	EXCESS CONT/RECOVE	RY:
	REVENUE STAMP:	5
	OTHER:	
	Sum:	
	VAT 15%:	
	Total:	170730

Branch Name: Adama

Cash/Cheque No. _____

Branch Code: 4