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Zemen Insurance S.C.

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

Receipt Order

Branch Name: Adama

Branch Code: 4

Type of Business:

Source of Business: Direct

Name of intermediary: Direct

Name of Insured: sdfsd

Sub city: Kolfe Keraniyo Woreda: House No. Vat Reg. No: Tin:

The sum of Birr: One lakh seventy thousand eight hundred eighteen birr only

Period insurance from: 4/4/2024 To: 3/4/2025

Sum Insured: 12222222

Premium Type: New

Certificate No:

Endorsement No:

Excess:

Customer ID: 2799
Policy No: ZI/MR/MTP/0103/03/24
Claim No:

	Amount
Basic Premium:	170813.00
3rd part fund levy:	0
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	
Sum:	
VAT 15%:	
Total:	170818

Being:

Cash/Cheque No. _____

Officer Name and signature: