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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: Tewodros

Branch Code: 8

Type of Business:

Source of Business: Direct

Name of intermediary: Direct

Name of Insured: sadasdads

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

The sum of Birr: One hundred forty four birr and forty three cent only

Period insurance from: 11/4/2024 To: 10/4/2025

Sum Insured: 12333

Premium Type: New

Certificate No:

Endorsement No:

Excess:

Customer ID: 2871

Policy No: ZI/MR/MTP/0117/04/24

Claim No:

	Amount
Basic Premium:	139.43
3rd part fund levy:	0
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	
Sum:	
VAT 15%:	
Total:	144.43

Being:

Cash/Cheque No. _____

Officer Name and signature: