## ዘመን ኢንሹራንስ አማ Zemen Insurance S.C.

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

## **Receipt Order**

Branc	h i	Na	me:	1	Merkato
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Branch Code: MR Customer ID: 2534

Type of Business: Corporate Policy No: ZI/MR/FRE/0000/3/24

Source of Business: Direct Claim No:

Name of intermediary: Direct Name of Insured: sadasd

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

The sum of Birr: two thousand, nine hundred forty Period insurance from: 21/03/2024 To: 20/03/2025

Sum Insured: 8,588,890

Premium Type: New

Certificate No: Endorsement No:

Excess:

	Amount
Basic Premium:	2940.54
3rd part fund levy:	
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	0
Sum:	
VAT 15%:	
Total:	2940.54

Being: Payment	<u>for Fire and </u>	Lightning	<u>insurance cover</u>	
Cash/Cheque No.	·		Officer Name	and signature: