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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: dsfsdf

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

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

Period insurance from: 10/4/2024 To: 9/4/2025

Sum Insured: 154000

Premium Type: New

Certificate No:

Endorsement No:

Excess:

Customer ID: 2851

Policy No: ZI/MR/MTP/0109/04/24

Claim No:

|                       | Amount    |
|-----------------------|-----------|
| Basic Premium:        | 173013.00 |
| 3rd part fund levy:   | 0         |
| FLOOD:                |           |
| TE:                   |           |
| YC:                   |           |
| TP COMO:              |           |
| TP FUND LEVY:         |           |
| EXCESS CONT/RECOVERY: |           |
| REVENUE STAMP:        | 5         |
| OTHER:                |           |
| Sum:                  |           |
| VAT 15%:              |           |
| Total:                | 173018    |

Being:

Cash/Cheque No. \_\_\_\_\_

Officer Name and signature: