## ዘመን ኢንሹራንስ አማ Zemen Insurance S.C.

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

## **Receipt Order**

Branch Name:	Merkato
Dianch Name.	MELVATO

Branch Code: MR Customer ID: 2611

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: sdfsdfs

Sub city: Bole Woreda: 4 House No. Vat Reg. No: Tin: The sum of Birr: forty-three thousand, nine hundred thirty-one

Period insurance from: 21/03/2024 To: 20/03/2025

Sum Insured: 88,550,000

Premium Type: New

Certificate No: Endorsement No:

Excess:

	Amount		
Basic Premium:	43931.87		
3rd part fund levy:			
FLOOD:			
TE:			
YC:			
TP COMO:			
TP FUND LEVY:			
EXCESS CONT/RECOVERY:			
REVENUE STAMP:	5		
OTHER:	0		
Sum:			
VAT 15%:			
Total:	43931.87		

Being: Payment	tor Fire and I	Lightning	<u>insurance</u>	cover			
Cash/Cheque No.	·		Officer	Name	and s	signatur	e: