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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: