

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: Adama

Branch Code: 4

Type of Business:

Source of Business: Direct

Name of intermediary: Direct

Name of Insured: sdfsd

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

The sum of Birr: Sixteen thousand eight hundred eighty three birr and twenty cent only

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

Sum Insured: 1548000

Premium Type: New

Certificate No:

Endorsement No:

Excess:

Customer ID: 2846

Policy No: ZI/MR/MTP/0105/04/24

Claim No:

	Amount
Basic Premium:	16878.2
3rd part fund levy:	0
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	
Sum:	
VAT 15%:	
Total:	16883.2

Being:

Cash/Cheque No. _____

Officer Name and signature: