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	Na	me:]	Merkato
	_		_		

Branch Code: MR Customer ID: 2443

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

Source of Business: Direct Claim No:

Name of intermediary: Name of Insured: dfgdfgdf

Sub city: Woreda: 4 House No. Vat Reg. No: Tin: The sum of Birr: one thousand, nine hundred twenty-nine Period insurance from: 06/03/2024 To: 05/03/2025

Sum Insured: 1,540,000

Premium Type: New

Certificate No: Endorsement No:

Excess:

	Amount
Basic Premium:	1929.76
3rd part fund levy:	
FLOOD:	
TE:	
YC:	
TP COMO:	
TP FUND LEVY:	
EXCESS CONT/RECOVERY:	
REVENUE STAMP:	5
OTHER:	0
Sum:	
VAT 15%:	
Total:	1929.76

Being: Payment	<u>tor Fire and</u>	Lightning	insurance	<u>cover</u>		
Cash/Cheque No.	•		Officer	Name a	and sigr	nature: