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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: Merkato

Branch Code: 13

Type of Business:

Source of Business: Direct

Name of intermediary: Direct

Name of Insured: sdfsdfa

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

The sum of Birr: One thousand, five hundred seventy-two Birr Only

Period insurance from: 16/3/2024 To: 15/3/2025

Sum Insured: 154700

Customer ID: 2625

Policy No: ZI/MR/MPR/0098/03/24

Claim No:

Premium Type: New

Certificate No:

Endorsement No:

Excess:

| | Amount |
|-----------------------|---------|
| Basic Premium: | 1567.47 |
| 3rd part fund levy: | 0 |
| FLOOD: | |
| TE: | |
| YC: | |
| TP COMO: | |
| TP FUND LEVY: | |
| EXCESS CONT/RECOVERY: | |
| REVENUE STAMP: | 5 |
| OTHER: | |
| Sum: | |
| VAT 15%: | |
| Total: | 1572.47 |

Being:

Cash/Cheque No. _____

Officer Name and signature: