



ዘመን ኢንሹራንስ አ.ማ.
Zemen Insurance S.C.

የኛ ማሳሪያ ቤት:- ኦሌም ከተማ, ኢትዮጵያ ከ/ከተማ:- ቦሌ ወረዳ:- 02
Head Office:- Addis Ababa, Ethiopia Sub City:- Bole, Wereda:- 02
የሥራ ቤቅ 2ኛ ሰረገው የጽ/ቤት/ቆይታ:- ስልክ:-
Alem Building 2nd Floor P.O.Box:- 23029 ስልክ:- 0116150001
ኢ.ሜ.ሪ.ሲ.ሲ ስልክ:- 0115575850
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ZEMEN INSURANCE SHARE COMPANY

PROPOSAL FORM OF BOND

I/We hereby request the Company to issue me/us

**BID/PERFORMANCE/SUPPLY/ADVANCE PAYMENT/CUSTOMS/FINANCIAL
GUARANTEE bond as per the following details:-**

Name of principal (contractor) _____

Address of Principal _____

Name of employer _____

Address of employer _____

Nature (type) of contract _____

Bond Amount _____

Date of bid closed _____

Date of bid opened _____

Date of contract (if appropriate) _____

Period of Contract (if appropriate) _____

I/We confirm the above given data are correct.

Thank you

(Signature and seal)