



ብርሃን ኢንሹራንስ ኩባንያ (አ.ማ.)
BERHAN INSURANCE COMPANY (S.Co.)

ዋና መስሪያ ቤት - አዲስ አበባ
 Head Office - Addis Ababa
 ስልክ ቁጥር

Tel. Nos. _____
 ፋክስ ቁጥር
 Fax No. _____
 ፖ.ሣ.ቁ.
 P.o.Box _____

ኢሜይል
 e-mail _____

ቅርንጫፍ
 Branch

ስልክ ቁጥር
 Tel. Nos. _____
 ፋክስ ቁጥር
 Fax No. _____

Date _____

Berhan Insurance Company (S.Co.)
 _____ **Branch**
Addis Ababa

I/We hereby request the Company to issue me/us BID/PERFORMANCE/ SUPPLY/ ADVANCE PAYMENT/ CUSTOMS 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 and true

Proposer's signature _____

Date _____

Agent/Broker _____

Underwriter's decision _____