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Tsehay Insurance S.C

ዓብይ ቅርንጫፍ ፤ ስልክ ቁጥር ☎ 011 1-26-21-40 ፣ ፖ.ሣ.ቁ. 56144 ፣ የፋክስ ቁ. 011 111 98 86
 Branch Main_ Tel.No ☎ 011 8 96 29 86 ፣ P.O.BOX 56144 ፣ Fax No. 011 111 98 86
Addis Ababa

Date _____

Bond Request Form

Dear Sirs,

REQUEST FOR _____ BOND

I/We hereby request you to issue us the above bond as per the following specifications.

Name and address of principal	
Name and Address of Oblige	
Nature and place of Contract	
Date of (opening/closing) of Bid	
Date of award/signing of contract	
Period of contract (including Maintenance if required)	
Contract Amount	
Bond Amount	
Any Special Condition	

I/We hereby agree and confirm to produce counter guarantee and/or collateral sufficient to cover the amount of the bond as herein requested.

Yours Sincerely