



04/22/24

**RECEIPT OF PAYMENT .....**

**TO: Jamita**

**REGARDING: PAYMENT OF INSURANCE PREMIUM “THE INTERNATIONAL ASSURANCE TRAVEL MEDICAL PLAN ”**

**CERTIFICATE NUMBER: BG001030**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 0.00 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa XXXXXXXXXXXXX1156                      10/2024**

**THANK YOU FOR CHOOSING AZIMUTH RISK SOLUTIONS FOR YOUR INTERNATIONAL MEDICAL INSURANCE NEEDS.**