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RECEIPT OF PAYMENT

TO: Ramachandran Natarajan

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802052546

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 475.20 TO AZIMUTH

RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXXX0523 Exp Date :05/2025

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