



08/31/2020

RECEIPT OF PAYMENT .....

TO: KALAVATHI CHILUPURU

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802048005

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 1,060.15 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY amex: XXXXXXXXXXXXX3995      Exp Date :09/2024

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

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