



01/29/2021

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

**TO: Madhu Jain**

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "**

**CERTIFICATE NUMBER: 691802050912**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 127.40 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY : XXXXXXXXXXXXXXX1110      Exp Date :09/2023**

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