



12/30/2020

RECEIPT OF PAYMENT

TO: VIJAYA LAXMI ALE

REGARDING: PAYMENT OF INSURANCE PREMIUM “THE BEACON TRAVEL ”

CERTIFICATE NUMBER: 691802051740

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 579.60 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX9348 Exp Date :10/2024

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

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