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RECEIPT OF PAYMENT

TO: HimmatSingh Rajmal Jain

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802050911

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 180.32 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY: XXXXXXXXXXXX1110

Exp Date :09/2023

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