

02/28/2021

RECEIPT OF PAYMENT .....

TO: Manda Ranganath Ambedkar

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

CERTIFICATE NUMBER: 691802052793

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 52.50 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXX4685

Exp Date :4/2024

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

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4200 Mapleshade Ln, Suite 200	
Plano, TX 75093	8520 Allison Pointe Blvd, Suite 220
United States	Indianapolis, IN 46250
Toll Free: +1 (866) INSUBUY	United States
Phone:+1 (972) 985-4400	Toll Free: +1 (888) 201-8850
Website: www.insubuy.com	Phone: +1 (317) 644-6291
Email: info@insubuy.com	Fax: +1 (888) 201-8851