



02/15/2021

RECEIPT OF PAYMENT

TO: Suvarna Lokhande

REGARDING: PAYMENT OF INSURANCE PREMIUM “THE BEACON TRAVEL ”

CERTIFICATE NUMBER: 691802051240

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 83.72 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY amex: XXXXXXXXXXXXX2219 Exp Date :07/2024

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

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