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RECEIPT OF PAYMENT

TO: Mohan Ganapathy A Ananthanarayanan

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE OverseasCareTM Visitors InsuranceTM Plan"

CERTIFICATE NUMBER: 691802050890

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 153.67 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX1284 Exp Date :07/2024

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