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RECEIPT OF PAYMENT

TO: Vandana NA

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

CERTIFICATE NUMBER: 691802050929

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 308.32 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXXX395 Exp Date :09/2022

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