



11/11/2020

RECEIPT OF PAYMENT

TO: Umadevi Nitrahalli Rajagopal

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE OverseasCare™ Visitors Insurance™ Plan "

CERTIFICATE NUMBER: 691802050891

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.