



02/22/2021

**RECEIPT OF PAYMENT .....**

**TO: Peter Rafael**

**REGARDING: PAYMENT OF INSURANCE PREMIUM "Overseas Visitors Insurance<sup>SM</sup> Plan"**

**CERTIFICATE NUMBER: 691802052703**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 1,914.64 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX0348      Exp Date :12/2023**

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