

02/26/2021

RECEIPT OF PAYMENT .....

TO: khushboo n maskai

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

CERTIFICATE NUMBER: 691802052755

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 60.20 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXX7330

Exp Date :04/2022

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