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RECEIPT OF PAYMENT .....

**TO: Christopher Woods** 

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

**CERTIFICATE NUMBER: 691802049631** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 207.48 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Mastercard: XXXXXXXXXXXX9843 Exp Date :6/2022

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