



**11/01/2020**

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

**TO: Rachel Jantzi**

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "**

**CERTIFICATE NUMBER: 691802050524**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 351.62 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX1567      Exp Date :01/2022**

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