



01/05/2021

RECEIPT OF PAYMENT

TO: henrik larner

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802051818

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 46.44 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY American Express: XXXXXXXXXXXXX1005

Exp Date :1/2025

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