



12/02/2020

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

**TO: Tara Dunford**

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

**CERTIFICATE NUMBER: 691802049361**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 145.87 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY : XXXXXXXXXXXXX0980      Exp Date :12/2024**

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