

~ -	••	-			
Ω2.	// 1	~	77	เกว	1

RECEIPT OF PAYMENT

TO: Clifford Westland

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802051121

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 73.63 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY: XXXXXXXXXXXXXX8233 Exp Date:05/2021

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