



02/17/2021

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

**TO: Chloe Elle Ker**

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES "**

**CERTIFICATE NUMBER: 691802052231**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 506.52 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX4226**

**Exp Date :10-2022**

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