



01/29/2021

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

**TO: Derek Adam Province**

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

**CERTIFICATE NUMBER: 691802052110**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 426.47 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX5555      Exp Date :01-2026**

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