



**01/06/2021**

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

**TO: Charlotte Reynolds**

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

**CERTIFICATE NUMBER: 691802051839**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 76.76 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX9738      Exp Date :9/2022**

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