



**02/29/2020**

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

**TO: Peter RAFAEL**

**REGARDING: PAYMENT OF INSURANCE PREMIUM “THE BEACON TRAVEL ”**

**CERTIFICATE NUMBER: 691802046990**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM  
OF \$ 1,642.37 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX0386**

**Exp Date :02/2023**

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