



11/01/2020

RECEIPT OF PAYMENT

TO: Joshua Jack

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802050525

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 280.28 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX1567 Exp Date :01/2022

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