



Crescent Star Insurance Limited.

Endorsement Form (Deletion)

Endorsement No:	Dated :
Policy No. :	C.N.I.C. :
Company Name :	Employee I.D. :
Employee Name :	Location
Health Card No. :	

Notwithstanding anything contained herewith to the contrary it is hereby declared and agreed that the following persons are **deleted** from the policy schedule.

Health Card No.	Member I.D	Name of Employee / Dependent	Relation	Effective Date

All other terms, exclusions and conditions of the policy will remain unaltered.

Crescent Star Insurance Limited.

HEAD OFFICE

2nd Floor, Nadir House I.I. Chundrigarh Road, Karachi-

74000- Pakistan. UAN # 111-274-000

www.cstarinsurance.com

Authorized Signature