



Crescent Star Insurance Limited.

Endorsement Form (New / Dependent Addition)

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 **added** to the policy schedule:

Member I.D	Name of Employee/Dependent	Relationship	Date of Birth	Plan	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
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Authorized Signature