



Crescent Star Insurance Limited.

Endorsement Form (Correction)

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 correction of the said people has been changed as mentioned below to the policy schedule.

Card No.	Member I.D.	Name of Employee/de pendent	Wrong Entry	New Correction	Effective Date

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

HEAD OFFICE
2nd Floor, Nadir House I.I. Chundrigarh Road, Karachi-
74000- Pakistan. UAN # 111-274-000 -

Authorized Signature