



ACKNOWLEDGEMENT OF HEALTH INSURANCE CARDS

I Amna Shakir acknowledge and confirm that I have received my
insurance card-Policy # 81-00000000-101418-00032

EMP ID: PRO-0084

NAME: Amna Shakir

DEPARTMENT: Greensense Billing

CNIC #: 14301-0883537-0

SIGNATURE: [Signature]

DATE: 10-10-2019