



ACKNOWLEDGEMENT OF HEALTH INSURANCE CARDS

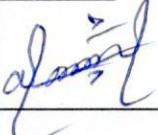
I Amna Shakir acknowledge and confirm that I have received my insurance card-Policy # 01-00000000-101918-00032

EMP ID: PRO-0084

NAME: Amna Shakir

DEPARTMENT: Greensense Billing

CNIC #: 14301-0883537-0

SIGNATURE: 

DATE: 10-10-2019