



**ACKNOWLEDGEMENT OF HEALTH INSURANCE CARDS**  
**(2020 ~ 2021)**

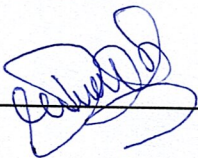
I Danish Rasheed acknowledge and confirm that I have received my  
insurance card-Policy # 101917-00154.

EMP ID: APD-0286

NAME: Danish Rasheed

DEPARTMENT: Training & Development

CNIC #: 42201-8177583-1

SIGNATURE: 

DATE: 5-11-2020