EAST WEST LIFE
ASSURANCE COMPANY LIMITED

Formerly The Metropolitan Life Assurance Co. of Pakistan Ltd.

Head Office: 310-EFU House, 3rd Floor, M.A. Jinnah Road, Karachi-74000, Pakistan.
Tel: (021) 2311662/5, 2310904, 2310726, Fax: (021) 2311667, UAN: 111-EWL-111 (111-395-111)
E-mail: health.services@eastwestlifeco.com Website: www.eastwestlifeco.com

AMENDMENT FORM
FOR EWL HOSPITALIZATION CARD

Please complete this form only in case of any change/amendment is required in your current EWL Hospitalization Card. For a new EWL Hospitalization Card, please complete a new Employee Enrolment Form (EEF).

1. Name of Employee _____
2. Employee Code _____
3. Home Address _____
_____
4. Father/Husband _____
5. Designation _____
6. Phone No. _____
7. EWL Hospitalization Card No. _____
8. Category/Plan (New) _____
9. Category/Plan (Previous) _____
10. Old N.I.C. # | | | | – | | | – | | | | | | |
11. New N.I.C. # | | | | | | – | | | | | | | | – | |
12. Please enter any new addition/deletion in your family members (if any) for the ammendment in the EWL Hospitalization Card.

Name	Relationship	Date of Birth	Height	Weight	Occupation

DECLARATION

I hereby declare that the information / particulars stated above are true and correct to the best of my knowledge and I have not withheld any information / particulars.

_____ Date

_____ Signature of Employee

_____ Signature of Employer with Stamp