## DATA SUBJECT CONSENT STATEMENT EXISTING ENROLLEE

FII	rstName LastName	with
enrollee number confirm that I have the legal capacity to give consent		
and hereby voluntarily grant my	y consent to HCI Healthcare	Limited and her duly
appointed representatives, authority to access, retrieve, process, store, transfer as well		
as use for any legitimate and lawful purpose, my personal and/or medical information		
including all relevant data envisaged by the extant law including but not limited to the		
Nigerian Data Protection Regulation (and any amendment thereto) solely for the purpose		
of carrying out their duties and responsibilities as my health insurance Company. I confirm		
that I am aware of my rights, abilities and method to withdraw my consent herein at any		
time by notifying HCI Healthcare Limited in writing and accordingly request that this consent remain in force and subsist until such a time as when I withdraw same.		
consent remain in force and subsist until such a time as when I withdraw same.		
Signed by the data subject:	FirstName	LastName
3,		
Signature:		
Signature:		
Date:		
Dale.		