

**DATA SUBJECT CONSENT STATEMENT
(FOR A MINOR)**

I (***full Name of Principal enrollee***) with enrollee number (***insert Principal Enrollee number***) hereby confirm that (***insert dependents full names***) hereinafter referred to as dependents with enrollee numbers (***insert dependent enrollee numbers***) is/are my legitimate child(ren) and I have the legal capacity to give this consent on his/her/their behalf until they attain the age of majority.

Accordingly, I hereby voluntarily grant 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 dependent's 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 a Health Insurance Company. I confirm that I am aware of my ability and method to withdraw this consent at any time by notifying HCI Healthcare Limited in writing and accordingly request that this consent remain in full force and subsist until such a time as when I withdraw same or such a time when my dependent each personally withdraws same after attaining the statutory age of majority.

Signed by the Parent of the data subject:

FirstName

LastName

Signature:

Date: