**DECLARATION BY A PERSON OTHER THAN THE HEALTH CARD HOLDER OR THE EMANCIPATED MINOR**

I, the undersigned

surname _____first name _____

born in _____ on / / residing at

_____address _____house number

tax code □□□ □□□□□

□ **as an emancipated minor** as per order of_____(*indicate competent authority*) no._____of date _____

□ **as guardian/attorney** appointed by order of the_____ _____(*indicate competent authority*) no._____of date _____ **of Mr/Mrs** _____*(indicate name and surname of the interdict or incapacitated person holding the health card)*

**DECLARE**

□ to activate the Provincial Services Card/Health Card and receive the first part of the access codes

□ I wish to have the PIN/PUK/CIP access codes of the Provincial Services Card/Sanitary Card reprinted and to receive the first part of the access codes

□ I wish to revoke the digital certificate on the Provincial Services Card/Sanitary Card *(revocation is final and permanent)*

□ that you would like the QR Code printout required to configure the TreC_FSE app

**OF MR/MRS.**_____**(health card holder)**

Place and date SIGNATURE ..... .....