**Participant Consent Form**

**Research title:** A permissioned blockchain prototype facilitating banking record interoperability.

Participant number:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Yes | No |
| 1 | I have read and understood the Participant Information Sheet for the study and have been provided with a copy to keep. | | | |  |  |
| 2 | I have been given the opportunity to ask the researcher questions about this research project. | | | |  |  |
| 3 | I understand that I have the right to withdraw from the research without giving a reason and that all information I have provided will be destroyed. | | | |  |  |
| 4 | I understand that interviews will be recorded to aid transcription and accuracy. | | | |  |  |
| 5 | I understand that my identity will be protected by treating the information I provide anonymously, and it will be used solely by the researcher for the purpose of writing a report on the research project. | | | |  |  |
| 6 | I understand that the information I provide will be kept securely, will not be revealed to any other party, and will be destroyed at the conclusion of the project. | | | |  |  |
| 7 | I understand that if I have any questions or concerns about how this research is being conducted, I can contact the independent person named in the Participant Information Sheet. | | | |  |  |
| I consent to participate in this research interview according to the information and principles described in the information sheet. | | | | | | |
| Signed | |  | Date |  | | |