

ORDER TO SET UP A STEM CELL DEPOSIT

Postal address: Vita 34 AG | Perlickstrasse 5 | D-04103 Leipzig

Phone: 0800 034 00 00 | Fax: +49 (0)341 48792-20 | Email: kundenservice@vita34.de

To be completed by the future custodian of the child/children (please print)

_____		_____	
Last name of mother	First name of mother	Last name of father	First name of father
_____		_____	
Street		Street	
_____		_____	
Country / postal Code /place		Country / postal Code /place	
_____		_____	
Telephone		Telephone	
_____		_____	
Email		Email	
_____		_____	
Date of birth	Existing customer: ID number	Date of birth	Existing customer: ID number

For the benefit of the unborn child / children

_____		_____	
Calculated delivery date	Number of expected children	Attending gynaecologist (name, place)	
_____		_____	
Scheduled date of Caesarean	Name of birth centre	Place of birth centre	

I order the following type of contract (prices include VAT pursuant to price list dated 01/02/2019)

<input type="radio"/> VitaPur Package Price: 990.00 € Annual fee as of storage: 120.00 €	<input type="radio"/> VitaPlus25 Package price: 2,695.00 € Annual fee as of the age of 26: 60.00 €	<input type="radio"/> VitaPlus50 Package price: 3,695.00 € Annual fee as of the age of 51: 60.00 €
<input type="radio"/> VitaPlusCordTissue Package price: 2,490.00 € Annual fee as of storage: 90.00 €	<input type="radio"/> VitaPlusCordTissue25 Package price: 3,495.00 € Annual fee as of the age of 26: 90.00 €	<input type="radio"/> VitaPlusNabelschnur50 Package price: 4,995.00 € Annual fee as of the age of 51: 90.00 €

In case of multiple births: 50 % of the contract fee for the second child, no extra charge for the third and any further child, annual fee according to chosen contract variant.*

<input type="radio"/> I additionally choose the donation product VitaMine&Yours.* <small>(This option is at no charge to you. Vita 34 assumes all additional costs.)</small>	<input type="radio"/> I want the express delivery of the collection package <small>express delivery at extra charge</small>
<input type="radio"/> I additionally choose the donation product VitaPlusDonation. <small>(This option is at no charge to you. Vita 34 assumes all additional costs.)</small>	<input type="radio"/> Please call me regarding financing.*
<input type="radio"/> I choose the additional product Preventive Screening.* <small>DNA testing for health risks 390,00 €</small>	

* Not available for VitaPur.

I have taken note of the General Terms and Conditions of Vita 34 AG as of 01/11/2018 and the information on the right of revocation and accept them as an integral part of the contract. Vita 34 will document the acceptance of the order by sending an order confirmation to me.

_____	_____	_____
Date	Signature of the mother-to-be (mandatory)	Signature of the father-to-be

DIRECT DEBIT MANDATE.

Creditor-ID: DE05ZZZ00000013556

herewith authorise Vita 34 AG to send instructions to my bank to debit my account with nonrecurring/recurring payments. In addition, I authorise my bank to debit my account in accordance with the instructions from Vita 34 AG.

I am entitled to a refund of the debited amount from my bank under the terms and conditions of my agreement with my bank within eight weeks, starting with the date on which my account was debited.

The SEPA Direct Debit Mandate shall apply to:

- the contract fee (nonrecurring payment)
- extra costs
- the annual fee (recurring payment)

Name of account holder

Street and house number

Postal code and place

Name of credit Institution

BIC

IBAN

Signature

The SEPA Direct Debit Mandate shall apply to:

- the contract fee (nonrecurring payment)
- extra costs
- the annual fee (recurring payment)

Name of account holder

Street and house number

Postal code and place

Name of credit Institution

BIC

IBAN

Signature