

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	
Phone				Phone	
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 01/01/2018)

<input type="checkbox"/> VitaPlus Package price: 1.990,00 € Annual fee as of storage: 48,20 €	<input type="checkbox"/> VitaPlus25 Package price: 2.595,00 € Annual fee as of the age of 26: 48,20 €	<input type="checkbox"/> VitaPlus50 Package price: 3.500,00 € Annual fee as of the age of 51: 48,20 €
<input type="checkbox"/> VitaPlusCordTissue Package price: 2.490,00 € Annual fee as of storage: 72,20 €	<input type="checkbox"/> VitaPlusCordTissue25 Package price: 3.395,00 € Annual fee as of the age of 26: 72,20 €	<input type="checkbox"/> VitaPlusPlusCordTissue50 Package price: 4.800,00 € Annual fee as of the age of 51: 72,20 €

For multiple births: 2nd child 50% contract fee, 3rd and any further child 0% contract fee. Plus 48,20 Euro annual fee for each child.

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

I have taken note of the General Terms and Conditions of Vita 34 AG as of 01/01/2018 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

Please note the direct debit details on the back.

Direct Debit Mandate.

Creditor-ID: DE05ZZZ00000013556

I 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.

<p>The SEPA Direct Debit Mandate shall apply to:</p> <p><input type="checkbox"/> the contract fee (nonrecurring payment)</p> <p><input type="checkbox"/> the annual fee (recurring payment)</p> <p>_____</p> <p>Name of account holder</p> <p>_____</p> <p>Street and house number</p> <p>_____</p> <p>Postal code and place</p> <p>_____</p> <p>Name of credit institution</p> <p>_____</p> <p>BIC</p> <p>_____</p> <p>IBAN</p> <p>_____</p> <p>Signature</p>	<p>The SEPA Direct Debit Mandate shall apply to:</p> <p><input type="checkbox"/> the contract fee (nonrecurring payment)</p> <p><input type="checkbox"/> the annual fee (recurring payment)</p> <p>_____</p> <p>Name of account holder</p> <p>_____</p> <p>Street and house number</p> <p>_____</p> <p>Postal code and place</p> <p>_____</p> <p>Name of credit institution</p> <p>_____</p> <p>BIC</p> <p>_____</p> <p>IBAN</p> <p>_____</p> <p>Signature</p>
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