

Order to set up a stem cell deposit

Vita 34 Gesellschaft für Zelltransplantate m.b.H, Hartäckerstraße 28, A-1190 Wien, USt-ID ATU 57 22 56 02
Phone: 00800 034 00 000 | Email: kundenservice@vita34.at

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

<div>Last name of mother</div> <div>First name of mother</div>		<div>Last name of father</div> <div>First name of father</div>	
<div>Street</div>		<div>Street</div>	
<div>Country / postal code / place</div>		<div>Country / postal code / place</div>	
<div>Telephone</div>		<div>Telephone</div>	
<div>Email</div>		<div>Email</div>	
<div>Date of birth</div>	<div>Existing customer: ID number</div>	<div>Date of birth</div>	<div>Existing customer: ID number</div>

For the benefit of the unborn child / children

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

I order the following type of contract (prices include VAT pursuant to price list dated 01/01/2018)

☐

VitaPlus
Package price: 1.990,00 €
Annual fee as of storage: 48,20 €

☐

VitaPlus25
Package price: 2.595,00 €
Annual fee as of the age of 26: 48,20 €

☐

VitaPlus50
Package price: 3.500,00 €
Annual fee as of the age of 51: 48,20 €

☐

VitaPlusCordTissue
Package price: 2.490,00 €
Annual fee as of storage: 72,20 €

☐

VitaPlusCordTissue25
Package price: 3.395,00 €
Annual fee as of the age of 26: 72,20 €

☐

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.

☐

I additionally choose the donation product **VitaMine&Yours**.
(This option is at no charge to you. Vita 34 assumes all additional costs.)

☐

I want the collection packet to be sent by **express delivery**
at extra charge.

☐

I additionally choose the donation product **VitaPlusDonation**
at no charge. (This option is at no charge to you. Vita 34 assumes all additional costs.)

☐

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 Gesellschaft für Zelltransplantate m.b.H 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 Gesellschaft für Zelltransplantate m.b.H 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 Gesellschaft für Zelltransplantate m.b.H.

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