

**CELLSENSE  
CLIENT APPLICATION FORM**

Page 1 of 3

**A. PARENTS' DETAILS AND PAYMENT AUTHORITIES**

<b>Parent's Full Name ("Parent")</b>		
<b>Street Address:</b>		
<b>Home Telephone:</b>	<b>Fax Number:</b>	<b>Email:</b>
<b>Mother's Name:</b> <i>(if different from above)</i>		
<b>Street Address:</b>		
<b>Mother's Birth Date:</b>	<b>Marital Status:</b>	
<b>Mother's Maiden Name:</b>		
<b>Single/Multiple</b> <i>(circle one)</i> Single/Multiple birth		<b>Baby's Expected Birth Date:</b>
<b>Home Telephone:</b>	<b>Fax Number:</b>	<b>Email:</b>

<b>Father's Name:</b>		
<b>Home Telephone:</b>	<b>Fax Number:</b>	<b>Email:</b>

**B. MATERNITY PRACTITIONER DETAILS**

<b>Maternity Practitioner:</b>	<b>Office Practice Name:</b>
<b>Street Address:</b>	
<b>Telephone:</b>	<b>Fax Number:</b>

<b>Hospital Name:</b>
<b>Street Address:</b>
<b>Telephone:</b>

**C. ADDITIONAL CONTACT INFORMATION**

List below the names of two relatives or close friends who live at different addresses and have consented to our keeping their details for contact purposes.

Cell Sense will use this information only if we need to contact you or your child in the future.

<b>Contact Name # 1</b>		
<b>Street Address:</b>		
<b>Home Telephone:</b>	<b>Fax Number:</b>	<b>Email:</b>

<b>Contact Name # 2</b>		
<b>Street Address:</b>		
<b>Home Telephone:</b>	<b>Fax Number:</b>	<b>Email:</b>

## D. PAYMENT OPTIONS

No additional charges will apply for collections that occur out of normal business hours, on weekends, public holidays or in regional areas.

<b>Upfront Payment Fees</b> (with NO Courier fees)	(GST INCLUSIVE)
<b>Single Birth</b> Umbilical Cord Blood Collection and Storage for 18 years.	\$2,985.00
<b>Twin Birth</b> Umbilical Cord Blood Collection and Storage for 18 years receive a 35% price reduction for the 2 <sup>nd</sup> Twin.	

### 15% discount is offered for siblings\*

Subsequent sibling/s will be entitled to our 15% sibling discount.

\*Only applies to previous Cell Sense clients paying Upfront Full Payment Option

You can choose one of our EASY payment options. Further information on payment options are available from our friendly Customer Care staff on 1800 005 541 (toll free).

### PAYMENT OPTIONS † ^ (Tick the option you choose)

- Option 1: Full Payment Upfront – NO Courier charge**
- Option 2: Early Bird Full payment with \$150 discount.**  
10 weeks prior to birth
- Option 3: Deposit of \$200 and the remaining amount when you receive the Baby Bonus.** with courier charge
- Option 4: 3 Month Plan<sup>#</sup>** with courier charge
- Option 5: 6 Month Plan<sup>#</sup>** with courier charge

† Payment will be taken the day the Cellsense Medical Device is sent to the mother.

^ Discounts only valid to applicants choosing Option 1 – Full Payment Upfront.

Discount not valid for other options.

# Monthly payments are taken via credit card between the 10<sup>th</sup> – 17<sup>th</sup> of each relevant month.

## E. REFUND SCHEDULE\*

If the collection of your baby's Cord Blood is unsuccessful, the maximum amount you will be charged will be the \$450 Collection Fee (this includes the preparation and dispatch of the Cellsense unique Medical Device for your baby's cord blood). If the maternal sample tests positive for HIV or HCV (regulations in Australia do not permit the storage of cord blood) you will be charged the collection fee of \$450 plus the processing and testing fee of \$1400.

\*Excess payments will be refunded.

**F. SPONSOR**

<b>Full Name:</b>		
<b>Relationship to Child:</b> i.e. parent, trustee, grandparent, guardian (please specify)		
<b>Street Address:</b>		
<b>Home Telephone:</b>	<b>Fax Number:</b>	<b>Email:</b>

**SPONSOR'S DUTIES**

I/We agree to guarantee and underwrite all payments to Cell Sense as they fall due under the Cell Sense Umbilical Cord Blood Banking Contract. I have read the Cell Sense Umbilical Cord Blood Banking Contract and I understand that if the Parent(s) do not make the payments, that I will be required to make those payments to Cell Sense. I understand that Cell Sense will terminate the Umbilical Cord Blood Banking Contract if I/We fail to make such payments. I understand the consequences of termination, which may include the disposal of the cord blood collected.

<b>Sponsor Name:</b>	<b>Sponsor Signature:</b>
<b>Witness Name:</b>	<b>Witness Signature:</b>
<b>Witness Address:</b>	

**PERSONAL INFORMATION**

Cell Sense will hold in confidence all personal information it needs for carrying out services. Every person has the right of access to his or her personal information, and to ask for correction of that information. We will use and disclose that information only according to the principles of the *Privacy Act 1988 (Cth) (as amended)*. We may be required to disclose that information by law

I agree to be bound by the terms of the Cellsense Pty Ltd Cord Blood Banking Contract.

**Signature of Parent(s):**

**Names of Parents who has/have signed above:**

**Date:**

**PAYMENT DETAILS:**

- **DIRECT DEPOSIT:** BSB: 082-057 Acct# 85 67 55 291.  
*Please specify name of MOTHER in the transfer description.*
- **CHEQUE:** - Please make cheques payable to "Cellsense Pty Ltd".

**Credit Card:**

<b>Cardholder Name:</b>				
<b>Card Type:</b> <i>(circle correct option)</i>	<b>Visa</b>	<b>Mastercard</b>	<b>Amex</b>	<b>Bankcard</b>
<b>Card Number:</b>	<b>Expiry Date:</b>			
<b>Amount of Payment:</b>	-	%	+	= \$
Payment option	- discount (if applies)	+	courier (if applies)	= \$ Total
<b>Post/Billing Address:</b>				
<b>Cardholder's Telephone Number:</b>				
<b>Signature of Cardholder:</b>				

**What Prompted The Need to Store Your Child's Cord Blood (Please Tick)**

- |                    |  |                               |                  |
|--------------------|--|-------------------------------|------------------|
| a) Obstetrician    | b) Midwife                             | c) Expo Visit                 | d) Family/Friend |
| e) Bounty Bag      | f) Previous Experience with Cell Sense | g) Antenatal Class            |                  |
| h) Repeat Customer | i) Internet                            | Please Provide details: _____ |                  |