



**ADIPOSE STEM CELL BANKING REGISTRATION FORM**

Please complete in black ink, write clearly and email to [info@redermis.co.za](mailto:info@redermis.co.za) or fax (086) 657 7402. Please call (011) 697 2900 should you have any queries completing this Form.

**A PERSONAL DETAILS**

**CLIENT DETAILS**

Title.....First Name.....Known as.....  
Surname.....Date of Birth.....  
ID Number.....Cellphone Number.....  
Office Telephone.....Email Address.....  
Employer.....Position.....  
Work Physical Address.....  
.....  
.....Postal Code.....  
Postal Address.....Postal Code.....

**MEDICAL PRACTITIONER DETAILS (For Liposuction)**

Practitioner Name.....Assistant.....  
Telephone.....Email.....  
Hospital/Clinic.....City.....  
Scheduled Date and Time of Liposuction (if known).....

**B HOW DID YOU HEAR ABOUT US**

✓ Tick where relevant and provide details/names where applicable :

**Details (Where / Which / What / Who)**

- Advert / Poster** .....
- Article (Magazine / Newspaper)** .....
- Brochure**
  - Physician Room .....
  - Other .....

<input type="checkbox"/>	<b>Exhibition / Seminar</b>	.....
<input type="checkbox"/>	<b>Internet</b>	.....
<input type="checkbox"/>	<b>Referral</b>	
	<input type="checkbox"/> Physician	.....
	<input type="checkbox"/> Other	.....
<input type="checkbox"/>	<b>Stored with Netcells before</b>	.....
<input type="checkbox"/>	<b>TV / Radio</b>	.....
<input type="checkbox"/>	<b>Other</b>	.....

What is your primary reason for wanting to store your adipose stem cells?

<input type="checkbox"/>	<b>Aesthetic</b>	.....
<input type="checkbox"/>	<b>Medical</b>	.....
<input type="checkbox"/>	<b>Other</b>	.....

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**C PRICING AND PAYMENT OPTIONS**

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The adipose stem cells will be processed (extracted, characterised, expanded), frozen and cryogenically stored at Netcells Laboratory, situated at the International Business Gateway, Midrand, South Africa.

The below pricing is inclusive of VAT and the first year's storage.

<input type="checkbox"/>	<b>Option 1</b>	
	<b>Total Amount payable upon Registration.</b> If for any reason the adipose tissue is collected but the stem cells are unable to be stored, you will receive a full refund of the Processing & Storage Fee.	
	Collection Fee	R3,600
	Processing & 1 <sup>st</sup> Year Storage Fee	R11,400
	<b>Total Cost</b>	<b>R15,000</b>

<input type="checkbox"/>	<b>Option 2</b>	
	Collection Fee payable upon Registration and an interest free <b>12-month Payment Plan</b> on the Processing & Storage Fee. A <b>compulsory debit order needs to be signed and a R50 per month debit order fee is charged.</b>	
	Collection Fee	R3,600
	Processing & 1 <sup>st</sup> Year Storage Fee (over 12 months)	R1,000 x 12
	<b>Total Cost</b>	<b>R15,600</b>

Please note that current Netcells storage fees are R85 per month (including VAT). Storage fees are billed annually in advance and are subject to annual inflationary increases.

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D DISCOUNTS

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Discounts are only applicable to the **Processing and Storage Fee**. If the Payment Plan Option has been selected then the discount will be divided equally over 12 months and deducted from the monthly instalment payment.

- |                          |                                 |        |
|--------------------------|---------------------------------|--------|
| <input type="checkbox"/> | Stored with Netcells previously | R1,000 |
| <input type="checkbox"/> | Redermis Pilot Client           | R5,000 |
| <input type="checkbox"/> | Other:                          |        |
|                          | .....                           | .....  |

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E PAYMENT METHOD AND DETAILS

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- Direct Bank Transfer**
- Collection Fee
- Processing & Storage Fee

Please make payment to: **Biocells, Account number 02-272-8805, Standard Bank, Sandton (019-205)** Reference: Mother's Name.

Please email proof of payment to [accounts@netcells.co.za](mailto:accounts@netcells.co.za) or fax (086) 657 7402, which is required before the Collection Kit may be handed over.

- Credit Card** (*We accept only Mastercard and Visa*)
- Collection Fee
- Processing & Storage Fee

I hereby authorise Netcells to debit my credit card :

Cardholder name.....Credit card type.....

Credit card number.....Expiry date.....

CSV number (last 3 digits).....Straight / Budget (No. of Months).....

Amount.....

**Debit Order** (*Option 3 only*)

Processing & Storage Fee (Payment Plan)

I hereby authorise Netcells to debit my bank account for monthly repayment amount selected (less any applicable Discount equally spread over 12 months) on the first day of every month, following Notification of Storage of my baby's stem cells, for twelve consecutive months.

Account name.....Account number.....

Bank.....Branch.....Branch code.....

Please note that interest at a rate equivalent to the aggregate of the publicly quoted prime overdraft lending rate charged by Standard Bank plus 2% will be charged on all overdue amounts.

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F      SIGNATURE

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Client's Signature.....

Date.....