



Termination Statement

(All not dotted lines **must** be filled in)

ID number: (only if own units): _____ Deposit number: _____

Donor number (only if reserved donor units): _____

Name: _____

Address: _____

Address: _____

Zip code: _____ City: _____

State: _____

Country: _____

I hereby with my signature confirm, that the deposit of units (own) or reserved units (donor) at Cryos shall be terminated.

If only part of the units in the deposit shall be terminated then please indicate which units to be terminated: _____

If the deposit concerns reserved donor units please state all necessary account details for the refund:

Denmark: Registration No. & Bank Account No.

Countries in Europe: IBAN, SWIFT

Countries outside Europe: IBAN, SWIFT, name of the bank and bank account no.

Date: _____ Signature: _____

***** Copy of valid picture ID must be attached (passport, driver's license, etc.) *****

Control/date: _____

(to be filled out by Cryos)