



Termination Statement
SOP28.2aOM
(all not dotted lines **must** be filled in)

ID-no.: _____

Deposit number: _____

Donor number: _____

Name: _____

Address: _____

Postal code: _____ City: _____

Country: _____

I hereby with my signature confirm, that the deposit of semen (own) or reserved semen (donor) at Cryos International – Denmark ApS shall be terminated.

If the agreement concerns reserved donor semen the refund shall be transferred to following bank account:

Please indicate all necessary account details:

For countries in Europe: IBAN, SWIFT

For countries outside Europe: SWIFT + Bank Account No.

Date: _____ Signature: _____

***** Copy of safe photo ID must be attached (passport, driver license, etc.) *****

Control/date: _____
(to be filled out by Cryos)