

**APPLICATION FOR THE JOINING THE ASSOCIATION OF THE BANKS OF THE UMBILICAL  
CORD BLOOD, OTHER HUMAN TISSUES AND CELLS**

**Please, fill this form and send it as a registered letter to the Secretariat of the  
Association.**

**Name of the Organisation:**

**1. Full:** \_\_\_\_\_

\_\_\_\_\_

**2. Brief:** \_\_\_\_\_

**3. Specialisation (cryobank, medical institution, higher educational  
establishment, research institute, other):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Contact information:**

Post address:

\_\_\_\_\_

Telephone/fax (including code of the country and city):

\_\_\_\_\_

Web-site:

E-mail:

\_\_\_\_\_

Contact person (Name and Family Name):

\_\_\_\_\_



**5. Please, describe briefly your organization (field of operation, scientific elaborations etc):**

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**6. The availability of the valid licences, accreditations, certificates (kind of operation, authority and date of issue):**

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The copies of the documents mentioned in article 5 are attached.

**The following marks are required:**

- Hereby I confirm that I have read and understood the documents, regulating the activity of the Association of the Banks of the Umbilical Cord Blood, Other Human Tissues and Cells”.
- Hereby I confirm that the filling this document states about the intention to join the Association of the Banks of the Umbilical Cord Blood, Other Human Tissues and Cells”.

Date: “ \_\_\_\_\_ ” \_\_\_\_\_ 20 \_\_\_\_ .

Position \_\_\_\_\_

Name and family name \_\_\_\_\_

Signature \_\_\_\_\_

Place for the stamp



