



CORDBANK REGISTRATION FORM

Mother's full name:

Preferred name:

(if different from above)

Street address:

Postcode:

Address for invoicing:

(if different from above)

Home telephone:

Mobile:

Email:

Single/Multiple birth (circle one)

Baby's expected birth date:

Mother's birth date:

Planned mode of delivery:

Natural birth

Elective caesarean

Mother's ethnicity:

New Zealand European

Asian

Maori

Other (please state)

Pacific Islands

Mother's occupation:

Please detail any pre-existing family health conditions:

Father's full name:

Preferred name:

(if different from above)

Street address:

Postcode:

Address for invoicing:

(if different from above)

Home telephone:

Mobile:

Email:

Father/Partner's ethnicity:

New Zealand European

Asian

Maori

Other (please state)

Pacific Islands

Father/Partner's occupation:

Please detail any pre-existing family health conditions:



Street address for delivery of CordBank collection kit (if different from above):

I would like to receive the CordBank newsletter via email.

LEAD MATERNITY CARER AND HOSPITAL DETAILS

Lead Maternity Carer: _____

Telephone: _____ Mobile/Pager: _____

Hospital Name: _____

Street Address: _____

Telephone: _____

Enter a Promotional Code if applicable:

How did you hear about banking your baby's cord blood with CordBank?

- | | |
|---|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Antenatal class |
| <input type="checkbox"/> CordBank website | <input type="checkbox"/> Midwife/Obstetrician |
| <input type="checkbox"/> News Media | <input type="checkbox"/> GP |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Pregnancy Pack |



ADDITIONAL CONTACT INFORMATION

List below the name of **one** relative or close friend who **lives at a different address** and who has consented to our keeping their details for contact purposes. CordBank will use this information only if we need to contact you or your child in the future.

Contact name:

Street Address:

(this must be a different address than yours)

Post Code:

Home Telephone:

Mobile:

Email:

PERSONAL INFORMATION

CordBank 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 1993 and any codes under that Act. We may be required to disclose that information by law.

I agree to be bound by the terms of the CordBank Ltd Cord Blood Processing and Storage Contract

Signature of Parent(s):

Name of Parent(s) who has/have signed the above:

Date:



SPONSOR

A sponsor is **only** required if someone other than the parents will be making the initial and/or ongoing payments to CordBank.

Full Name: _____

Relationship to Child (please specify): _____

Street Address: _____

Post Code: _____

Email: _____

SPONSORS UNDERTAKING

I underwrite all payments to CordBank Ltd required under the CordBank Ltd Cord Blood Processing and Storage Contract. I have read the CordBank Ltd Cord Blood Processing and Storage Contract and paragraph 11 in particular. I understand that if the parent(s) do not make those payments, I will be required to make those payments to CordBank. I understand that if neither they nor I make those payments this contract will be terminated. I understand the consequences of the termination.

Sponsor Name: _____

Sponsor Signature: _____

Witness Name: _____

Witness Signature: _____

Witness Address: _____

Date: _____