



Pons Medical Research LTD

Your trusted medical partner

OFFICE IN CYPRUS

ABC BUSINESS CENTRE 4th Floor, Office 405, 8010-Paphos

REPRESENTATIVE IN UKRAINE

Ekaterininskaya str. 77 2nd floor 65012-Odessa

Email: info@ponsmedical.eu State Registration Number: HE375829

Annex 1

To Contract № _____, of _____ 2017.

LTD "Pons Medical Research", hereinafter referred to as "**The Company**", represented by Edel Pons Suarez (Passport **number** XDB313695, issued by EMB Oslo, Date 24.06.2014), on one part, and "**Intended Parents**"

Ms. xxxxxxx

(Citizen of _____, Passport : _____, issued) and

Mr. xxxxxxx

(Citizen of _____, Passport: _____, issued)

hereinafter referred to as "**Intended Parents**" on the other part, made the present annex to contract as follows:

1. MISCELLANEA

1.1 Program 3-attempts: 36.900 euro.

1.2. The payments will be made in 4 installments:

0. 16900 euro (at the signature of the contract)
1. 5000 euro (at the confirmation of Pregnancy)
2. 5000 euro (3 months after the confirmation of Pregnancy)
3. 10000,00 (within three days after the delivery of the baby) (Payment directly to Surrogate Mother)

1.3. The confirmation of Pregnancy is considered the moment we get a positive result of the hGC test, two weeks after the transfer of the embryo.

1.4. The last payment (Installment "3") will be done in cash directly to the Surrogate Mother.

1.5. In case of prematurity, the outstanding payments will be paid in full.

1.6. In case of death of the newborn baby in singleton pregnancy or in case of death of the totality of them in multiple pregnancies, the last payment (Installment "3") will not be due.

1.7. In case that the Intended Mother wants to be stimulated, she has to pay the amount specified in the price list.

1.8. The maximum time between embryo transfers attempts and between the first payment and the first embryo transfer will be 3.5 months plus 2-3 weeks in case of the Intended Parents choosing PGD.



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1.9. The additional services included in the price list of the contract will be executed according to the client's disposition, whenever it is technically feasible.

1.10. Two embryos will be transfers in each attempt to the uterus of the Surrogate Mother.

1.11. Selective abortion (also called reduction) after the implantation of two embryos will not be performed therefore there is a 50% chance that the Intended Parents will have twins. In case of survival of more than two embryos, selective abortion will be performed in order to reduce the amount of embryos to two (2) embryos. The delivery of twins supposes an additional cost according to the price list.

1.12. In the 3-attempts program, until 3 embryo transfers will be performed as long as there are available embryos. If there are not enough available embryos to perform 3 embryo transfers, the Intended Parents may pay for an additional cycle and the embryos obtained during the In Vitro Fertilization will be transferred without extra charge for the number of attempts remaining.

1.13. The selection of a donor can only be done after the full payment of the first installment.

1.14. One PGD is valid for one set of embryos after the fertilization takes places. After each new cycle and fertilization a new PGD and its corresponding payment will be necessary in case that the Intended Parents are still interested in performing this test.

1.15. In case of child birth with abnormalities without the Surrogate Mother's fault as confirmed by medical conclusion of the panel of specialist doctors, the Intended Parents are obliged to pay 100% of the compensation to the Surrogate as specified in point 1.2 of this Annex (Installment "3").

1.16. In case of stillbirth of one child (in singleton pregnancy) or two children (with two-fetal pregnancy), the Intended Parents will pay to the Surrogate Mother 10% of the amount of compensation as specified in Installment "3", point 1.2 of this Annex. In this case, the Surrogate Mother cannot claim full compensation in accordance with paragraph 3.1 of the Agreement between the Intended Parents and the Surrogate.



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2. Terms and Conditions of the Non-Medical Services

2.1. Organization and support services:

- During the first visit (2-3 days in case of oocyte donation or 22 to 24 days in case of using oocytes of the Intended Parents) they will be met at the airport by the representative of The Company.
- The Intended Parents are provided with a comfortable accommodation during the entire stay (maximum two persons). In case the Intended Parents are not satisfied with the provided accommodation they are free to find the place of accommodation that suits their interests at their own expense. The accommodation is supplied with all facilities such as: kitchen, refrigerator, shower, TV, comfortable bed, etc.
- Provision with a SIM card of Ukrainian mobile operator for communication.
- Assistance during the second and the last visit that will have duration of 3 to 5 days. The assistance will include accommodation, interpretation services and assistance in any necessary issue.

2.2 Coordination and control services:

- Coordination and supervision of the program until the birth of the child and preparation of all the necessary documents
- Control of all the Intended Parents medical examinations and services within the program provided by the Clinic.
- Changes of Surrogate mother whenever it is due to a need connected to the process.
- First 28 days of treatment of the baby in the Maternity House in case of complications is free of cost. Extended accommodation of the Intended Parents in case of prematurity or other complications is not included in the price of the program.
- Monthly visit to clinic of the Surrogate Mother in order to monitor the evolution of the pregnancy.
- Constant monitoring of the Surrogate Mother.
- Assessment and control of the nutritional status of the Surrogate Mother and supplementation with the appropriate vitamins and minerals. A personalized dietary plan will be prepared according to the specific needs of the Surrogate Mother.
- Keeping the Intended Parents informed about pregnancy progress, supplying them with all the relevant information at least once a month.
- Coordination of delivery of the baby (s) in Odessa/Kiev. The Intended Parents can assist to the delivery and stay with the baby (s) until discharge.

2.3. Legal services and visa support:

- Preparation and signing of the contracts between all participants of program (Company, the surrogate mother and the Intended Parents)
- Processing and signing of informational and legal documents
- Translation, notarial certification, documents legalization
- Assistance in the Registry Office to obtain the child's Birth Certificate
- Optional legal assistance in getting the travel passport of the baby in the Intended Parents' consulate in Kiev.



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2.4. Disclaimer

- Pons Medical Research LTD is only responsible for the medical services provided and does not assume any responsibility for the outcome of the legal formalities at the Consulates and Embassies beyond the issuing of the Birth Certificate of the child (children) on the name of the Intended Parents. As each case is unique and each country has its own set of laws, we cannot assume responsibility for the final decision of the Consular Authorities of the country of the Intended Parents.

2.5. other services:

- Services of an interpreter are provided for the entire period of the program.
- Babysitter services in case of necessity/request during the time expended in Odessa/Kiev after the birth of the baby (s). Extra costs apply according to the price list.
- Pediatrician service during the time expended in Kiev/Odessa after the birth of the baby (s), one visit weekly or acute need. Extra costs apply.



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3. Parties' Requisites:

“The Company”

LTD **“Pons Medical Research“**

State registration number: HE 375829

Registered Address: ABC BUSINESS CENTRE 4th Floor, Office 405, 8010-Paphos.Cyprus

Phones:

Cyprus: +357 96926714

Ukraine: +380 660653031

E-mail: info@surrogacybypons.com

“Intended Parents”

Ms. xxxxxxx

(Citizen of _____, Passport : _____, issued) and

Mr. xxxxxxx

(Citizen of _____, Passport: _____, issued)

Registered Address:

Post Address:

Phone number:

Email:

/ _____ /Signatures of Parties

/ _____ / / _____ /