ECART considers applications for surrogacy arrangements involving providers of fertility services using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-guidelines-surrogacy-fertilityservices) issued by [ACART](http://www.acart.health.govt.nz/) under the [HART Act](http://www.legislation.govt.nz/act/public/2004/0092/latest/DLM319241.html).

Section 1: Application Summary

Who is the person responsible for this procedure under section 18(1)(d) of the HART Act?

|  |  |  |
| --- | --- | --- |
|  | Name/role: |  |
|  | Clinic: |  |
|  | Address: |  |
|  | Email/phone number: |  |

Please provide the following details for the intending parent(s) and birth parent(s):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Intending mother (IM) | Intending partner (IP) | Birth mother (BM) | Birth partner (BP) |
|  | Age: |  |  |  |  |
|  | Nationality: |  |  |  |  |
|  | Country of residency: |  |  |  |  |
|  | Ethnicity: |  |  |  |  |
|  | Iwi (if Māori): |  |  |  |  |
|  | Number of children: |  |  |  |  |
|  | Age of children: |  |  |  |  |

Existing embryos:

|  |  |  |
| --- | --- | --- |
|  | How many (if any) embryos do IM/IP currently have in existence? |  |
|  | Will IM/IP undergo another IVF cycle if existing embryos are unsuccessful? | Yes/No |
|  | What will happen to any non-viable embryos? |
|  |  |

All persons exercising powers or performing functions under the HART Act must be guided by each of the following principles that are relevant to the particular power or function. Please confirm that these principles will be respected during the conduct of this ARP.

|  |  |  |
| --- | --- | --- |
|  | the health and wellbeing of children born as a result of the performance of an ARP […] should be an important consideration in all decisions about that procedure: | Yes/No |
| b) | the human health, safety, and dignity of present and future generations should be preserved and promoted: |
| c) | while all persons are affected by ARPs […] women, more than men, are directly and significantly affected by their application, and the health and wellbeing of women must be protected in the use of these procedures: |
| d) | no ARP should be performed on an individual […] unless the individual has made an informed choice and given informed consent: |
| e) | donor offspring should be made aware of their genetic origins and be able to access information about those origins: |
| f)  | the needs, values, and beliefs of Māori should be considered and treated with respect: |
| g) | the different ethical, spiritual, and cultural perspectives in society should be considered and treated with respect: |
|  | If any of the HART Act principles cannot be respected please explain why: |
|  |  |

ACART’s [guidelines](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-guidelines-surrogacy-fertilityservices) require ECART to determine or take into account the following matters. Please indicate whether you are satisfied that these matters have been addressed, and provide brief comment.

Medical information

|  |  |  |
| --- | --- | --- |
|  | Has each party received independent medical advice? | Yes/No |
|  | Does the intending mother have a medical condition that prevents pregnancy or makes pregnancy potentially damaging to her and/or any resulting child, or a medical diagnosis of unexplained infertility that has not responded to other treatments? | Yes/No |
|  | Describe the medical condition(s), or the unsuccessful treatments that have led to a medical diagnosis of unexplained infertility for IM: |
|  |  |

Counselling information

|  |  |  |
| --- | --- | --- |
|  | Has the intending surrogate (BM) completed her family?  | Yes/No |
|  | Has counselling been received in accordance with the NZ Fertility Services Standard? |
|  | Has counselling included implications counselling and joint counselling for all parties? |
|  | Has counselling been culturally appropriate? |
|  | Has counselling provided for whānau/extended family involvement? |
|  | Has counselling provided for the inclusion of any children of the parties? |
|  | Is counselling available to all parties before and after a pregnancy is achieved? |
|  | Does the residency of the parties safeguard the wellbeing of all parties especially any resulting child? |
|  | Does the relationship between the intending parents and the intending surrogate(s) safeguard the wellbeing of all parties and especially any resulting child? |
|  | Has there been discussion, understanding and declared intentions between the parties about ongoing contact, day to day care, guardianship and adoption of any resulting child? |
|  | If “no” to any of the counselling information questions please explain why: |
|  |  |

Legal information

|  |  |  |
| --- | --- | --- |
|  | Has each party received independent legal advice? | Yes/No |
|  | Do the legal reports indicate that the parties clearly understand the legal issues associated with surrogacy arrangements? |
|  | Comments: |
|  |  |

Other information

|  |  |  |
| --- | --- | --- |
|  | Will at least one of the intending parents be a genetic parent of any resulting child?  | Yes/No |
|  | Are all parties aware of the storage conditions in section 10 of the HART Act? | Yes/No |
|  | Comments: |
|  |  |

Mandatory reports

Have you enclosed all the mandatory reports required for ethical review of this procedure? Please click all the mandatory reports that you have enclosed with this application:

|  |  |
| --- | --- |
| [ ]  | Section 2: Report by medical specialist for the intending parent(s) |
| [ ]  | Section 3: Report by medical specialist for the birth parent(s) |
| [ ]  | Section 4: Report by counsellor for the intending parent(s) |
| [ ]  | Section 5: Report by counsellor for the recipient(s) |
| [ ]  | Section 6: Joint counselling report |
| [ ]  | Section 7: Report by the legal advisor for the intending parent(s) |
| [ ]  | Section 8: Report by the legal advisor for the birth parent(s) |

Optional documents

Have you enclosed any additional documents for this application? Please click all the optional documents that you have enclosed with this application:

|  |  |
| --- | --- |
| [ ]  | Letter for intending parent(s) from another medical specialist  |
| [ ]  | Letter for birth mother from another medical specialist  |
| [ ]  | Letter from intending parent(s) |
| [ ]  | Letter from birth parent(s)  |
| [ ]  | Letter from another person (eg Whānau member, kaumatua, Māori counsellor) |
| [ ]  | Other (please specify below) |
|  |  |

|  |  |
| --- | --- |
| Signature of the person responsible: |  |
| Date: |  |

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Section 2: Report by medical specialist for the intending parent(s)

Who is the medical specialist for the intending parents?

|  |  |  |
| --- | --- | --- |
|  | Name of medical specialist: |  |
|  | Email/phone number: |  |
|  | Date(s) of meeting(s): |  |
|  | Meeting attendee(s): |  |

Guideline 2(a)(ii) requires ECART to determine that the intending mother has a medical condition that prevents pregnancy or makes pregnancy potentially damaging to her and/or any resulting child; or a medical diagnosis of unexplained infertility that has not responded to other treatments.

|  |  |  |
| --- | --- | --- |
|  | Does IM have a medical condition that prevents pregnancy or makes pregnancy damaging to her or any resulting child?  | Yes/No |
|  | If yes, describe IM’s medical condition(s): |
|  |  |
|  | Does IM have a medical diagnosis of unexplained infertility that has not responded to other treatments? | Yes/No |
|  | If yes, describe the other fertility treatments IM/IP have undertaken prior to this application: |
|  |  |

Guideline 2(a)(iv) requires ECART to determine that each party has received independent medical advice.

|  |  |  |
| --- | --- | --- |
|  | Have IM/IP received independent medical advice? | Yes/No |
|  | Describe the medical advice you have provided to IM/IP, including any risks you have identified for this ARP and how they may be minimised/managed: |
|  |  |

Guideline 2(b) requires ECART to take into account all relevant factors, including, but not limited to the factors listed above.

|  |  |  |
| --- | --- | --- |
|  | Are there any other relevant medical factors ECART needs to be aware of with this ARP? Examples of relevant medical factors may include, but are not limited to, a current or past heart condition, cancer, hereditary genetic disorders  | Yes**/**No |
|  | Describe any other relevant medical factors for IM/IP and how they may be minimised/managed: |
|  |  |

|  |  |
| --- | --- |
| Signature of IM/IP’s medical specialist: |  |
| Date: |  |

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Section 3: Report by medical specialist for the birth parent(s)

Who is the medical specialist for the intending surrogate(s)?

|  |  |  |
| --- | --- | --- |
|  | Name of medical specialist: |  |
|  | Email/phone number: |  |
|  | Date(s) of meeting(s): |  |
|  | Meeting attendee(s): |  |

Guideline 2(a)(iv) requires ECART to determine that each party has received independent medical advice.

|  |  |  |
| --- | --- | --- |
|  | Have BM/BP received independent medical advice? | Yes**/**No |
|  | Describe the medical advice you have provided to BM/BP, including any risks you have identified for this ARP and how they may be minimised/managed: |
|  |  |

Guideline 2(b) requires ECART to take into account all relevant factors, including, but not limited to the factors listed above.

|  |  |  |
| --- | --- | --- |
|  | Has BM given birth previously? | Yes/No |
|  | Describe any relevant medical factors about the previous birth(s) including the any health issues for BM, premature birth, pre-eclampsia, gestational diabetes or caesarean section: |
|  |  |
|  | How many embryos will be transferred to BM in any one cycle? |  |
|  | Are there any other relevant medical factors ECART needs to be aware of with this ARP? Examples of relevant medical factors may include, but are not limited to, a current or past heart condition, cancer, diabetes, a high or low BMI? | Yes**/**No |
|  | Describe any other relevant medical factors for BM/BP and how they may be minimised/managed:: |
|  |  |

|  |  |
| --- | --- |
| Signature of BM/BP’s medical specialist: |  |
| Date: |  |

ECART considers applications for surrogacy arrangements involving providers of fertility services using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-guidelines-surrogacy-fertilityservices) issued by [ACART](http://www.acart.health.govt.nz/) under the [HART Act](http://www.legislation.govt.nz/act/public/2004/0092/latest/DLM319241.html).

Section 4: Report by counsellor for the intending parent(s)

Who is the counsellor for the intending parents?

|  |  |  |
| --- | --- | --- |
|  | Name of counsellor: |  |
|  | Email/phone number: |  |
|  | Dates of counselling: |  |
|  | Counselling attendees: |  |
|  | Comments:  |
|  |  |

Guideline 2(a)(vi) requires ECART to determine that each party has received counselling in accordance with the New Zealand Fertility Services Standard.

|  |  |  |
| --- | --- | --- |
|  | Have IM/IP received counselling in accordance with the NZ Fertility Services Standard? | Yes/No |

Guideline 2(b)(iv)(•) requires ECART to consider whether counselling has included implications counselling for all parties.

|  |  |  |
| --- | --- | --- |
|  | Has counselling included implications counselling for IM/IP? | Yes/No |
|  | Describe the implications of this ARP that were discussed with IM/IP: |
|  |  |

Guideline 2(b)(iv)(•••) requires ECART to consider whether counselling has been culturally appropriate.

|  |  |  |
| --- | --- | --- |
|  | Has counselling been culturally appropriate for IM/IP? | Yes/No |
|  | Describe how the counselling has been culturally appropriate for IM/IP: |
|  |  |

Guideline 2(b)(iv)(••••) requires ECART to consider whether counselling has provided for whānau/extended family involvement.

|  |  |  |
| --- | --- | --- |
|  | Has counselling provided for IM/IP’s whānau/extended family involvement? | Yes/No |
|  | Describe how counselling has provided for IM/IP’s whānau/extended family: |
|  |  |

Guideline 2(b)(iv)(•••••) requires ECART to consider whether counselling has provided for the inclusion of any children of the parties.

|  |  |  |
| --- | --- | --- |
|  | Has counselling provided for the inclusion of IM/IP’s existing children (if applicable)? | Yes/No |
|  | Describe how counselling has provided for IM/IP’s existing children: |
|  |  |

Guideline 2(b)(v) requires ECART to take into account whether counselling will be accessible to all parties before and after pregnancy is achieved.

|  |  |  |
| --- | --- | --- |
|  | Is counselling available to IM/IP before, during and after pregnancy? | Yes/No |
|  | Comments: |
|  |  |

Guideline 2(b)(vi) requires ECART to consider whether the residency of the parties safeguards the wellbeing of all parties and especially any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does IM/IP’s residency safeguard the wellbeing of all parties especially any resulting child? | Yes/No |
|  | Describe the residency status of IM/IP and how it safeguards the wellbeing of all parties: |
|  |  |

Guideline 2(b) requires ECART to take into account all relevant factors, including, but not limited to the factors listed above.

|  |  |  |
| --- | --- | --- |
|  | Are there any other relevant counselling factors ECART needs to be aware of with this ARP?Examples of relevant factors may include, but are not limited to, current or past psychological issues, criminal history, and lifestyle factors such as drug or alcohol addiction | Yes/No |
|  | Describe any other relevant counselling factors for IM/IP and how they may be minimised/managed: |
|  |  |

|  |  |
| --- | --- |
| Signature of IM/IP’s counsellor: |  |
| Date: |  |

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Section 5: Report by counsellor for the birth parent(s)

Who is the counsellor for the intending surrogate(s)?

|  |  |  |
| --- | --- | --- |
|  | Name of counsellor: |  |
|  | Email/phone number: |  |
|  | Dates of counselling: |  |
|  | Counselling attendees: |  |
|  | Comments:  |
|  |  |

Guideline 2(a)(vi) requires ECART to determine that each party has received counselling in accordance with the New Zealand Fertility Services Standard.

|  |  |  |
| --- | --- | --- |
|  | Have BM/BP received counselling in accordance with the NZ Fertility Services Standard? | Yes/No |

Guideline 2(b)(i) states that ECART must take into account whether the intending surrogate (BM) has completed her family.

|  |  |  |
| --- | --- | --- |
|  | Has BM completed her family?  | Yes/No |
|  | If no, describe the discussion about the possibility of future infertility for BM: |
|  |  |

Guideline 2(b)(iv)(•) requires ECART to take into account whether counselling has included implications counselling for all parties.

|  |  |  |
| --- | --- | --- |
|  | Has counselling included implications counselling for BM/BP? | Yes/No |
|  | Describe the implications of this ARP that were discussed with BM/BP: |
|  |  |

Guideline 2(b)(iv)(•••) requires ECART to take into account whether counselling has been culturally appropriate.

|  |  |  |
| --- | --- | --- |
|  | Has counselling been culturally appropriate for BM/BP? | Yes/No |
|  | Describe how counselling has been culturally appropriate for BM/BP: |
|  |  |

Guideline 2(b)(iv)(••••) requires ECART to take into account whether counselling has provided for whānau/extended family involvement.

|  |  |  |
| --- | --- | --- |
|  | Has counselling provided for whānau/extended family involvement? | Yes/No |
|  | Describe how counselling has provided for BM/BP’s whānau/extended family: |
|  |  |

Guideline 2(b)(iv)(•••••) requires ECART to take into account whether counselling has provided for the inclusion of any children of the parties.

|  |  |  |
| --- | --- | --- |
|  | Has counselling provided for BM/BP’s existing children (if applicable)? | Yes/No |
|  | Describe how counselling has provided for BM/BP’s existing children: |
|  |  |

Guideline 2(b)(v) requires ECART to take into account whether counselling will be accessible to all parties before and after pregnancy is achieved.

|  |  |  |
| --- | --- | --- |
|  | Is counselling available to BM/BP before, during and after pregnancy? | Yes/No |
|  | Comments: |
|  |  |

Guideline 2(b)(vi) requires ECART to take into account whether the residency of the parties safeguards the wellbeing of all parties and especially any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does the residency of BM/BP safeguard the wellbeing of all parties, especially any resulting child? | Yes/No |
|  | Describe the residency status of BM/BP and how it safeguards the wellbeing of all parties: |
|  |  |

Guideline 2(b) requires ECART to take into account all relevant factors, including, but not limited to the factors listed above.

|  |  |  |
| --- | --- | --- |
|  | Are there any other relevant counselling factors ECART needs to be aware of with this ARP?Examples of relevant factors may include, but are not limited to, current or past psychological issues, criminal history, and lifestyle factors such as drug or alcohol addiction | Yes/No |
|  | Describe any other relevant counselling factors for BM/BP and how they may be minimised/managed: |
|  |  |

|  |  |
| --- | --- |
| Signature of BM/BP’s counsellor: |  |
| Date: |  |

ECART considers applications for surrogacy arrangements involving providers of fertility services using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-guidelines-surrogacy-fertilityservices) issued by [ACART](http://www.acart.health.govt.nz/) under the [HART Act](http://www.legislation.govt.nz/act/public/2004/0092/latest/DLM319241.html).

Section 6: Joint counselling report

Guideline 2(b)(iv)(••) requires ECART to take into account whether counselling has included joint counselling for all parties.

|  |  |  |
| --- | --- | --- |
|  | Have all parties received joint counselling? | Yes/No |
|  | Comments: |
|  |  |

Guideline 2(b)(ii) requires ECART to take into account whether the relationship between the intending parents and the intending surrogate safeguards the wellbeing of all parties and especially any resulting child.

|  |  |  |
| --- | --- | --- |
|  | Does the relationship between IM/IP and BM/BP safeguard the wellbeing of all parties, especially any resulting child? | Yes/No |
|  | Describe how the relationship between IM/IP and BM/BP safeguards the wellbeing of all parties: |
|  |  |

Guideline 2(a)(iii) requires ECART to determine that there has been discussion, understanding, and declared intentions between the parties about the day-to-day care, guardianship, and adoption of any resulting child, and any ongoing contact.

|  |  |  |
| --- | --- | --- |
|  | Has there been discussion, understanding and declared intentions between the parties about ongoing contact, day to day care, guardianship and adoption of any resulting child? | Yes/No |
|  | Describe IM/IP’s intention for day to day guardianship and adoption of any resulting child: |
|  |  |
|  | Describe BM/BP’s understanding of IM/IP’s intentions for day to day guardianship and adoption of any resulting child: |
|  |  |

Guideline 2(b) requires ECART to take into account all relevant factors, including, but not limited to the factors listed above.

|  |  |  |
| --- | --- | --- |
|  | Are there any other relevant joint counselling factors that ECART need to be aware of with this ARP?Examples of relevant joint counselling factors may include, but are not limited to, information sharing, the understanding of pregnancy management, the possibility of legal termination, the risk of a possible breakdown, and the risk IM/IP will reject a resulting child | Yes/No |
|  | Describe any other relevant joint counselling factors and how they may be minimised/managed: |
|  |  |

|  |  |
| --- | --- |
| Signature of IM/IP’s counsellor: |  |
| Date: |  |

|  |  |
| --- | --- |
| Signature of BM/BP’s counsellor: |  |
| Date: |  |

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Section 7: Report by legal advisor for intending parent(s)

Who is the legal advisor for the intending parents (IM/IP)?

|  |  |  |
| --- | --- | --- |
|  | Name of legal advisor: |  |
|  | Legal firm: |  |
|  | Address: |  |
|  | Email/phone number: |  |
|  | Date(s) of meeting(s): |  |
|  | Meeting attendees: |  |

Guideline 2(a)(v) requires ECART to determine that each party has received independent legal advice.

|  |  |  |
| --- | --- | --- |
|  | Have IM/IP received independent legal advice? | Yes/No |
|  | Comments: |
|  |  |

Guideline 2(b)(iii) requires ECART to take into account whether legal reports indicate that the parties clearly understand the legal issues associated with surrogacy arrangements:

|  |  |  |
| --- | --- | --- |
|  | Do IM/IP clearly understand the legal issues associated with surrogacy arrangements? | Yes/No |
|  | Do IM/IP clearly understand that surrogacy arrangements are legally unenforceable? | Yes/No |
|  | Do IM/IP clearly understand that BM/BP will be the legal parents of any child until a formal adoption has been approved? | Yes/No |
|  | Do IM/IP clearly understand that neither IM’s nor IP’s names should be registered on the initial birth certificate:  | Yes/No |
|  | Do IM/IP clearly understand that payment of surrogacy related costs must comply with section 14 of the HART Act 2004? | Yes/No |
|  | Do IM/IP clearly understand that BM can opt for a legal termination of the pregnancy? | Yes/No |
|  | Do IM/IP clearly understand that any legal disputes may have to be resolved by the Family Court? | Yes/No |
|  | Describe the discussion with IM/IP regarding the factors listed above: |
|  |  |

Guideline 2(b) requires ECART to take into account all relevant factors, including, but not limited to the factors listed above.

|  |  |  |
| --- | --- | --- |
|  | Are there any other relevant legal factors for IM/IP that ECART needs to be aware of with this ARP?Examples of relevant factors may include, but are not limited to, intention of all parties for future contact | Yes/No |
|  | Describe any other relevant legal factors for IM/IP and how they may be minimised/managed: |
|  |  |

|  |  |
| --- | --- |
| Signature of IM/IP’s legal advisor: |  |
| Date: |  |

ECART considers applications for surrogacy arrangements involving providers of fertility services using [guidelines](http://www.ecart.health.govt.nz/moh.nsf/indexcm/ecart-resources-guidelines-surrogacy-fertilityservices) issued by [ACART](http://www.acart.health.govt.nz/) under the [HART Act](http://www.legislation.govt.nz/act/public/2004/0092/latest/DLM319241.html).

Section 8: Report by legal advisor for birth parent(s)

Who is the legal advisor for the intending surrogate(s) (BM/BP)?

|  |  |  |
| --- | --- | --- |
|  | Name of legal advisor: |  |
|  | Legal firm: |  |
|  | Address: |  |
|  | Email/phone number: |  |
|  | Date(s) of meeting(s): |  |
|  | Meeting attendees: |  |

Guideline 2(a)(v) requires ECART to determine that each party has received independent legal advice.

|  |  |  |
| --- | --- | --- |
|  | Have BM/BP received independent legal advice? | Yes/No |
|  | Comments: |
|  |  |

Guideline 2(b)(iii) requires ECART to take into account whether legal reports indicate that the parties clearly understand the legal issues associated with surrogacy arrangements.

|  |  |  |
| --- | --- | --- |
|  | Do BM/BP clearly understand the legal issues associated with surrogacy arrangements? | Yes/No |
|  | Do BM/BP clearly understand that surrogacy arrangements are legally unenforceable? | Yes/No |
|  | Do BM/BP clearly understand that BM/BP will be the legal parents of any child until a formal adoption has been approved? | Yes/No |
|  | Do BM/BP clearly understand that receipt of surrogacy related costs must comply with section 14 of the HART Act 2004? | Yes/No |
|  | Do BM/BP clearly understand that receipt of life insurance for BM is acceptable as it is only payable upon the death of BM? | Yes/No |
|  | Do BM/BP clearly understand that BM can opt for a legal termination of the pregnancy? | Yes/No |
|  | Do BM/BP clearly understand that any legal disputes may have to be resolved by the Family Court? | Yes/No |
|  | Describe the discussion with BM/BP regarding the factors listed above: |
|  |  |

Guideline 2(b) requires ECART to take into account all relevant factors, including, but not limited to the factors listed above.

|  |  |  |
| --- | --- | --- |
|  | Are there any other relevant legal factors for BM/BP that ECART needs to be aware of with this ARP? Examples of relevant factors may include, but are not limited to, intention of all parties for future contact | Yes/No |
|  | Describe any other relevant legal factors for BM/BP and how they may be minimised/managed: |
|  |  |

|  |  |
| --- | --- |
| Signature of BM/BP’s legal advisor: |  |
| Date: |  |