

To

Ikonomopoulos & Partners, Law Firm

Attention: Mr. Harris Ikonomopoulos, Managing Partner

Ms. Kyriakoula Hatzidimitriou, Partner

LETTER, TERMS AND SCOPE OF ENGAGEMENT OF IKONOMOPOULOS AND PARTNERS LLP

AS LAWYERS AND LEGAL REPRESENTATIVES AGAINST STEM HEALTH HELLAS SA, HGEIA GROUP AND/OR ANY COMPANY AND/OR PARTY, AND /OR AUTHORITY INVOLVED

I, Mr/Ms of resident ofStr..... No., with ID number issued and Tax Registration number of tax authority....., **HEREBY**

1. Assign the law Firm of “Ikonomopoulos & Partners, LLP” (Athens Bar Association reg.no 80137), of 4 Koumbari Street, Athens, Greece the mandate of my/our legal representation to act as my/our lawyers vis a vis/against the company named "IATRIKI TECHNOLOGIA HELLINIKI TRAPEZA VLASTOCYTTARON A.E" and the distinctive title "STEM-HEALTH HELLAS SA" and / or any companies of the HYGEIA Group and / or any other responsible party in order to fulfill their obligations with regard to the safekeeping and safe preservation of my child/children stem cells,

- (genus M /F, born)
- (genus M/F, born)
- (genus M/ F, born)

In accordance with the terms of the attached contract (s) and / or certificate (s).

In particular, I entrust you with the mandate of legal diligence and in general initially extrajudicial handling of the above dispute, with the possibility to file an application for interim measures if you deem it necessary, and authorize you to take all necessary action to the extent possible with the purpose of:

A) the cord blood and umbilical cord blood cells of my child/children delivered for cryopreservation and storage to Stem Health Hellas SA to remain safely kept at the HYGEIA GROUP premises until a definitive and reliable solution is found, and after the “Closure” of STEM HEALTH, and

B) the relevant storage to be carried out by any successor of STEM HEALTH with a guarantee of reliability and security at least equivalent to those of the HYGEIA GROUP up to the expiration of each contract and to be completed in accordance with the signed and pre-paid contracts without any further charge of mine, and

(C) to ensure the provision of a reliable and secure process of checking, receiving and transferring genetic material of my child/children to any other bank that I may wish, at my own expense and responsibility with the explicit reservation of my legal rights, for any additional cost this may incur.

2. Against this work and as a precondition of your instruction, I agree to and will pay you as once and pre-paid fees and expenses for A and B, for accepting the aforementioned mandate of my legal representation and for providing at your discretion any and all appropriate extra-judicial and judicial action, **the amount of One Hundred and Euro (€ 100) plus VAT 24% i.e the total amount of One Hundred Twenty Four Euro (€124) PER CHILD with a deposit/wire transfer at the “lawyer's bank account”** of the partner of your Law Firm **Ms. Kyriakoula Hatzidimitriou at PIRAEUS BANK with IBAN number**

appropriate extra-judicial and judicial action, the amount of One Hundred and Euro (€ 100) plus VAT 24% i.e the total amount of One Hundred Twenty Four Euro (€124) PER CHILD with a deposit/wire transfer at the “lawyer's bank account” of the partner of your Law Firm Mrs. Kyriakoula Hatzidimitriou at PIRAEUS BANK with IBAN number: GR83 0172 0090 0050 0901 0421 913, acknowledging that the relevant mandate will be activated upon delivery to you, not at your cost, of i) this present assignment of representation, duly filled and signed, (ii) the relevant fee bank proof of deposit/transfer and (iii) the signed certificate / contract with STEM HEALTH HELLAS SA for each of my children, either by mail (Koumbari 4, Athens 106 74), or by registered mail, or electronically to stemhealthparents@ikonomopoulos.gr, or by fax (+30 210 3641806).

Should I prefer and declare that any and all communications that will be effected between us may be in Greek instead of English, I understand that your applicable fee is reduced by 50% to the amount of Fifty Euros (€50) PER CHILD plus VAT 24%. Payment of a reduced fee acknowledges my command of Greek as well, and my agreement to be briefed in the Greek language only.

3. Further to the above fee, for which the due tax receipt (DAPY) will be issued within fifteen days from the receipt by you of the above under 2.i, ii and iii, I do not assume any other obligation to pay to you any other fee or expense without my prior written notice and acceptance, and I consent that you seek full reimbursement thereof to me, both of the above amount as well as any other amount I may accept / pay in the course of the case, in order for it to be returned to me by any person responsible.

4. I hereby explicitly declare that this Agreement includes all the financial terms and obligations I hereby undertake against you and that I do not accept/will not bear any other unless explicitly agreed by me otherwise in writing. I am also totally aware that this assignment is freely revocable by me at anytime by e-mail or by fax.

....., 2017

The principal /client

(signed)