

**SURROGATE MOTHERHOOD ADVISORY SERVICES (SURROGACY AGENCY )**

**Tel: +2347067866986**

**Website: www.nigeriansurrogates.com**

Name \_\_\_\_\_  
Age \_\_\_\_\_  
Address \_\_\_\_\_  
Blood group \_\_\_\_\_  
Genotype \_\_\_\_\_  
Height \_\_\_\_\_  
Weight \_\_\_\_\_  
State of origin \_\_\_\_\_

I \_\_\_\_\_ Hereby wish to be an egg donor through Surrogate Motherhood Advisory Servu to your clinic..I therefore accept to pay an agency fee of 20,000 Naira to Mr James Odoemelum upon completing my egg donor programme with your clinic.

**EGG DONOR**

Name \_\_\_\_\_  
Date \_\_\_\_\_  
Signed \_\_\_\_\_

**SURROGACY AGENCY**

Name \_\_\_\_\_  
Date \_\_\_\_\_  
Signed \_\_\_\_\_