

Date: 11/2/2021

Company details: PROCREA SWISS IVF CENTRE  
 PRAGUE, NÁDRAŽNÍ 762/32, PRAGUE 5 150 00  
 CZECH REPUBLIC

## Statement Of The Truth

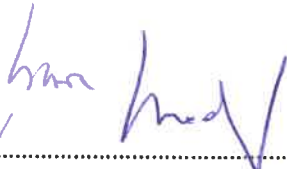
I, DR LIBOR HRADECKÝ the undersigned, hereby declare:  
 (full name, Medical Director)


I, ING. PAVEL KOUBEK PhD the undersigned, hereby declare:  
 (full name, Embryo Laboratory Director)

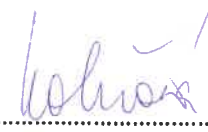
I, DR. KATEŘINA KOTRČOVÁ the undersigned, hereby declare:  
 (full name, CEO)

1. All information provided to IVF MEDIA LIMITED in order to create: **the Clinic Profile, the TOP IVF Program Profile or to create and publish an article** is true and I undertake to provide documentary evidence, if required;
2. That I am aware that the lack of veracity of the information or the distortion of the documents will entail the invalidity of the merits affected, and that I may be liable for legal responsibility.

I declare that the foregoing is true and correct.

Signed at PRAGUE (place), 11/2/2021 (date)  (signature).

Signed at PRAGUE (place), 11/2/2021 (date)  (signature)

Signed at PRAGUE (place), 11/2/2021 (date)  (signature)

Date: .....

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VADRAŽINI 762/32, PRAGUE 5 150 03, CZECH REPUBLIC

## Consent To Publications

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I, Katerina Kodrčová ..... the undersigned:  
(full name, CEO)

1. hereby declare, that I'm **the company's representative person**, who is able in the company's name to acquire rights and make commitments that are binding on the company as well as to act before courts and other authorities on behalf of the company;
2. hereby agree to the publication by IVF MEDIA LIMITED of data contained in **IVF Media Clinics Profile Form, TOP IVF Program Form** on IVF MEDIA LIMITED websites;
3. hereby declare, that the company is the copyright owner of any materials provided to IVF MEDIA LIMITED in order to create: **the Clinic Profile, the TOP IVF Program Profile.**

Signed at Prague ..... (place), 11/2 2021 ..... date) (signature).