

## ACCREDITATION INVOICE

Address: EFI Acrreditation Office Attn. Sonja Geelhoed Poortgebouw (Noord) Kamer: N-00-002 Rijnsburgerweg 10 2333 ZA Leiden The Netherlands

Email: shhgeelhoed@lumc.nl

TO: Immunogenetica e Immunologia dei Trapianti

S.C. Genetica Medica P.O. R. Binaghi - ASL Cagliari Via Is Guadazzonis, 3 09126 Cagliari ITALY

ACCREDITATION NUMBER	INSPECTION DATE	INVOICE NUMBER	Our indentification number:	INVOICE DATE
07-IT-003.997		8499	421 691 361 000 16	06-05-2020

Description	Amount		
Annual accreditation fee	1,050.00		
Total amount in Euro's	1,050.00		
PAYMENT MUST BE MADE FOR THE FULL AMOUNT, FREE OF BANK CHARGES, IN EURO'S, WITHIN FOUR WEEKS AFTER RECEIVING THE INVOICE			

## Payment:

We kindly request that you transfer the amount with specification of the Accreditation number and Invoice number to:

Bank:

Name: ABN-AMRO bank

Address: Leiden

The Netherlands

IBAN: NL 73 AB NA 04 30 49 2715

SWIFT: AB NA NL 2A

Sincerely yours

Sonja Geelhoed

Manager EFI Accreditation Office