

## ACCREDITATION INVOICE

Address:
EFI Accreditation 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		9636	421 691 361 000 16	07-05-2024

Description	Amount	
Annual accreditation fee	1,350.00	
Total amount in Euro's	1,350.00	
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