



## S - JM 6789, Gauteng



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|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Availability status:                | Available now in Johannesburg and Pretoria                                                                                                                                                       |
| Race:                               | Black/African                                                                                                                                                                                    |
| Age:                                | 24                                                                                                                                                                                               |
| Hair colour:                        | Black                                                                                                                                                                                            |
| Eye colour:                         | Black                                                                                                                                                                                            |
| Has children:                       | Yes                                                                                                                                                                                              |
| Proven donor:                       | No                                                                                                                                                                                               |
| Post matric studies:                | No                                                                                                                                                                                               |
| Other physical information:         | Height: 1.62 meters<br>Weight: 53 kg                                                                                                                                                             |
| Face shape:                         | Round                                                                                                                                                                                            |
| Other personal information:         | Religion: yes<br>Nationality: South African<br>Blood Group: A+<br>Kind, respectful, direct speaker<br>Smoker: never smoked<br>Reason for Donating: I want to be a egg donor to help other people |
| Reproduction history:               | Has Children: Yes<br>Number of Children: 1<br>Have you donated eggs before: No                                                                                                                   |
| Views on religion and spirituality: | yes                                                                                                                                                                                              |

## Additional Donor Information

### Initial Information

|                                                                                                  |                                               |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------|
| In which town and province do you live?                                                          | Orange Farm                                   |
| In which province do you live?                                                                   | Gauteng                                       |
| Nationality:                                                                                     | South African                                 |
| Where were you born?                                                                             | Johannesburg                                  |
| What language(s) do you speak?                                                                   | Engilish, zulu, sotho, sestwana               |
| Year of birth:                                                                                   | 2001                                          |
| Age:                                                                                             | 24                                            |
| Star sign:                                                                                       | Scorpio                                       |
| Blood group (if known):                                                                          | A+                                            |
| Why do you want to be an egg donor and if you had a message for your recipient what would it be? | I want to be a egg donor to help other people |
| How do you best describe yourself?                                                               | Kind, respectful, direct speaker              |
| Relationship status:                                                                             | Single                                        |

### Physical Profile

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| Race:                                                     | Black/African                  |
| Skin complexion:                                          | Brown                          |
| Face shape:                                               | Round                          |
| Nose shape defined by Wikipedia:                          | African - wide nostrilled nose |
| Eye shape:                                                | Asian                          |
| Height in metres:                                         | 1.62                           |
| Weight in kilograms:                                      | 53                             |
| What is your usual or ideal weight?                       | 1.62                           |
| Build and body shape:                                     | Thick                          |
| Which body part is most sensitive to weight gain or loss? | Arms and thighs                |
| Eye colour:                                               | Black                          |
| Natural hair colour:                                      | Black                          |

|                                                         |                                      |
|---------------------------------------------------------|--------------------------------------|
| Hair colour as a child:                                 | Black                                |
| Hair type:                                              | Afro                                 |
| Hair texture:                                           | medium                               |
| Description of hands and fingers:                       | Short and thick and no visible scars |
| Cup size:                                               | 34C                                  |
| Shoe size:                                              | 4                                    |
| Are you left handed or right handed?                    | Left handed                          |
| With which celebrity do you most resemble - physically? | Unknown                              |
| How many siblings do you have?                          | 4                                    |
| Sibling 1 Hair Colour:                                  | Black                                |
| Sibling 1 Eye Colour:                                   | Black                                |
| Sibling 1 Build:                                        | Slim                                 |
| Sibling 2 Hair Colour:                                  | Black                                |
| Sibling 2 Eye Colour:                                   | Black                                |
| Sibling 2 Build:                                        | Thick                                |
| Sibling 3 Hair Colour:                                  | Black                                |
| Sibling 3 Eye Colour:                                   | Black                                |
| Sibling 3 Build:                                        | Thick                                |
| Sibling 4 Hair Colour:                                  | Black                                |
| Sibling 4 Eye Colour:                                   | Black                                |
| Sibling 4 Build:                                        | Slim                                 |

### Reproductive Information

|                               |            |
|-------------------------------|------------|
| Are you a virgin?             | No         |
| Ever miscarried?              | No         |
| No. of children:              | 1          |
| Have you donated eggs before? | No         |
| Child 1 Date of Birth:        | 05/04/2025 |
| Fertility issues:             | None       |

### Health of Egg Donor

|                                                                                                                                                                                                    |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Are you a twin?                                                                                                                                                                                    | No                    |
| Are you adopted?                                                                                                                                                                                   | No                    |
| Would you consider your lifestyle:                                                                                                                                                                 | Moderate              |
| Any current diseases?                                                                                                                                                                              | No                    |
| Smoker:                                                                                                                                                                                            | never smoked          |
| Alcohol consumption per week:                                                                                                                                                                      | 6+_drinks             |
| Do you wear glasses?                                                                                                                                                                               | Since Early Adulthood |
| How would you rate your sight?                                                                                                                                                                     | 7                     |
| Any skin disorders, albinism, ectodermal dysplasia, eczema, acne, etc:                                                                                                                             | No                    |
| Have you suffered from/currently have any health concerns/diseases including but not limited to diabetes, cholesterol, blood pressure, thyroid, haemophilia, blood clotting, paralysis, porphyria? | No                    |
| Have you had any cancer?                                                                                                                                                                           | No                    |
| Have you had any heart problems?                                                                                                                                                                   | No                    |
| Please indicate if you have any allergies:                                                                                                                                                         | No                    |
| Any mental or psychological diseases/learning disorders including but not limited to genetic depression, bipolar, psychiatric illness, etc. Please elaborate and indicate if genetic:              | No                    |
| Any physical handicaps or deformities? If yes, please state:                                                                                                                                       | No                    |
| Do you have any genetic diseases or are a carrier of any genetic concerns including but not limited to thalassemia, cystic fibrosis, and sickle cell?                                              | No                    |
| History of asthma:                                                                                                                                                                                 | No                    |
| Indicate any medication you are taking and reason for it:                                                                                                                                          | None                  |
| Have you ever been addicted to any substances?                                                                                                                                                     | No                    |
| Have you partaken in any recreational drugs, had tattoos, or piercings in the last six months? Please explain:                                                                                     | Yes                   |
| Please list                                                                                                                                                                                        | Tattoo                |

|                                                                                                                                 |                     |
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| Details of any operations:                                                                                                      | None                |
| Are there any health issues of which you are aware that may be of concern for you to become an egg donor? If yes, please state: | No                  |
| Any specific diet such as vegan, vegetarian, health conscious, low fat, etc.:                                                   | No                  |
| How often do you exercise?                                                                                                      | When I Get A Chance |
| In which exercises or sports do you partake now?                                                                                | Soccer              |
| Have you excelled in any sports?                                                                                                | Soccer              |
| What sports did you play at school?                                                                                             | Soccer and netball  |

### Professional and Academic Information

|                                                               |                                                                                                                                |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Occupation:                                                   | None indicated                                                                                                                 |
| What is your ideal career/occupation?                         | International relation                                                                                                         |
| What are you doing to get to your desired profession in life? | Nothing                                                                                                                        |
| Do you have a matric and university exemption?                | Only Matric                                                                                                                    |
| Subjects and grades or marks at school:                       | English 70%<br>Maths 50%<br>Accounting 70%<br>Life Orientation 58%<br>Zulu 50%<br>Business 60%<br>Economics 49%<br>History 79% |
| What is the name of any course/degree completed?              | None                                                                                                                           |
| Planned studies:                                              | International relation                                                                                                         |
| In what aspects do you have a keen interest?                  | International relations<br>Accounting<br>real estate                                                                           |
| What type of books do you like to read?                       | fiction                                                                                                                        |
| Would you prefer to read the book or watch the movie?         | Both                                                                                                                           |
| Do you know if your IQ was ever tested and the score please?  | No                                                                                                                             |

**Behavioural Traits**

|                                                                                    |                                                             |
|------------------------------------------------------------------------------------|-------------------------------------------------------------|
| What is most important in life to you?                                             | Happiness                                                   |
| If you had unlimited resources and could save one thing on earth what would it be? | Abandoned children                                          |
| What are your views on religion and spirituality, and practiced religion?          | yes                                                         |
| Childhood religion:                                                                | Christian                                                   |
| Interests and hobbies:                                                             | Cooking and reading                                         |
| What is your preferred holiday?                                                    | Beach                                                       |
| If you were offered an all-inclusive holiday, what would it be?                    | Unlimited tour                                              |
| Which interesting places have you visited?                                         | Bali                                                        |
| What are your feelings on animal welfare?                                          | I love animals                                              |
| Strength and weaknesses:                                                           | Strength - cooking and public speaking<br>Weakness - baking |
| What do others generally think of you?                                             | Kind and outgoing                                           |
| Favourite flower:                                                                  | Lillies                                                     |
| What is your favourite meal?                                                       | Oxtail                                                      |
| What is your favourite movie?                                                      | Nobody                                                      |
| What is your favourite book?                                                       | It ends with us                                             |
| Who is your favourite actor?                                                       | Will smith                                                  |
| Who is your favourite actress?                                                     | Zandaya                                                     |
| What is your favourite colour?                                                     | Red                                                         |
| What is your favourite colour lipstick?                                            | Red                                                         |
| What is your favourite perfume?                                                    | Dolce gabbana light blue                                    |
| Who is your favourite person?                                                      | My daughter                                                 |
| Are you more introverted or extroverted?                                           | Extroverted                                                 |
| Would you prefer to go out with friends or stay in with a loved one or book?       | Depends on the situation                                    |
| Are you more cultural or more adventurous?                                         | Bit of Both - depending on Situation                        |
| Do you prefer indoors or outdoors?                                                 | Depending on the Situation                                  |
| Which weather do you prefer?                                                       | Array                                                       |
|                                                                                    |                                                             |

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| Are you more creative or analytical? | analytical |
|--------------------------------------|------------|

### Family Information of Genetic Parents

|                                                                                                                                                                                                                                      |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Nationality for mother and father:                                                                                                                                                                                                   | Both South African                |
| Country of origin and ancestry for mother and father:                                                                                                                                                                                | Both South Africa                 |
| Language spoken for mother and father:                                                                                                                                                                                               | Setwana and zulu                  |
| Professions for mother and father:                                                                                                                                                                                                   | Mom - nurse<br>Dad - track driver |
| Achievements on an academic level for mother and father:                                                                                                                                                                             | Unknown                           |
| Race for mother and father:                                                                                                                                                                                                          | Both black                        |
| Natural hair colour for mother and father:                                                                                                                                                                                           | Black                             |
| Eye colour for mother and father:                                                                                                                                                                                                    | Black                             |
| Height for mother and father:                                                                                                                                                                                                        | Unknown                           |
| Mother and father build:                                                                                                                                                                                                             | Unknown                           |
| Are your parents still alive?                                                                                                                                                                                                        | Only my mother                    |
| If deceased, cause of death:                                                                                                                                                                                                         | Dad -natural death                |
| Age (if living, or age deceased):                                                                                                                                                                                                    | 62 and 52                         |
| Health status:                                                                                                                                                                                                                       | High blood pressure               |
| Please indicate if any twins in your family:                                                                                                                                                                                         | No                                |
| Any family members who have had cancer including aunts or uncles?                                                                                                                                                                    | No                                |
| Any fertility problems in your family:                                                                                                                                                                                               | No                                |
| In your family, has anyone suffered from/currently have any health concerns/diseases including but not limited to diabetes, cholesterol, blood pressure, thyroid, haemophilia, blood clotting, paralysis, porphyria, heart problems? | Yes                               |
| In your family, does anyone have any genetic diseases or are a carrier of any genetic concerns including but not limited to thalassemia, cystic fibrosis, sickle cell, tay sachs?                                                    | No                                |
| Any mental or psychological disease or learning                                                                                                                                                                                      | No                                |

|                                                                                                                                                   |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| disability or learning disorders including genetic depression, bi polar, psychiatric illness in siblings or family? If yes, please state:         |            |
| Any physical deformities or handicaps? If yes, please state:                                                                                      | No         |
| History of asthma:                                                                                                                                | No To Both |
| Any skin disorders, albinism, ectodermal dysplasia or other in your family – please explain:                                                      | No         |
| Any other comments regarding any health aspects in your family:                                                                                   | No         |
| Alcoholism/substance abuse:                                                                                                                       | No To Both |
| Grandmothers still alive?                                                                                                                         | No to Both |
| If deceased, state cause of death:                                                                                                                | Unknown    |
| Current age or age of death:                                                                                                                      | Unknown    |
| Grandfathers still alive?                                                                                                                         | No to Both |
| If deceased, state cause of death:                                                                                                                | Unknown    |
| Current age or age at time of death:                                                                                                              | Unknown    |
| Grandfathers' eye colour (maternal and paternal):                                                                                                 | Black      |
| Grandmothers' eye colour (maternal and paternal):                                                                                                 | Black      |
| Grandfathers' hair colour (maternal and paternal):                                                                                                | Black      |
| Grandmothers' hair colour (maternal and paternal):                                                                                                | Black      |
| Health of grandmothers (maternal and paternal):                                                                                                   | Unknown    |
| Health of grandfathers (maternal and paternal):                                                                                                   | Unknown    |
| Please specify if the race of your grandparents is different to yours. If mixed race, please specify race for maternal and paternal grandparents: | All black  |
| Any genetic health or psychological concerns worth noting regarding your grandparents:                                                            | None       |
| Any notes/comments re family of family health aspects - genetic ito psychological, physical, deformities, diseases, concerns:                     | None       |

**Egg Donation Stipulations**

|                                                                                                                   |                        |
|-------------------------------------------------------------------------------------------------------------------|------------------------|
| Please indicate if you have any donation conditions or criteria such as persons to whom you prefer not to donate: | None                   |
| Preferred town to donate:                                                                                         | Johannesburg           |
| Towns available in which to donate - travel costs will be covered:                                                | Johannesburg, Pretoria |

**Confirmation**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
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| I have only made myself available as an egg donor with baby2mom:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes |
| Please advise any specific donation criteria other than those mentioned:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No  |
| All information provided is correct and pictures are all of me. I agree to keep baby2mom updated with the donor program (screening, blood tests, scans, egg retrieval). I will keep baby2mom updated regarding my availability and regarding egg donation pregnancies achieved. I consent to participate in the baby2mom egg donor program and participate as required and understand the concept of anonymous egg donation and claim no further rights over any child(ren) conceived of egg donation. I agree that I will be prescribed medication to potentially synchronize my menstrual cycle with that of the recipients and will be given hormones in a controlled environment by professional fertility specialists to stimulate donor egg development. I agree to find more information pertaining to egg donation on the baby2mom egg donor site or ask if I have any further questions about being an egg donor. I agree to participate as required as people often travel from international destinations to participate in a South African egg donation program and have incurred considerable financial and emotional costs: | Yes |