



**GENDIA**  
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## AT HOME KIT REQUEST FORM

TO BE FILLED OUT BY REQUESTING PARTY

REQUESTING PARTY		METHOD OF PAYMENT	
Last Name:		I want to pay by:	
First Name:		Settlement:	Bank Transfer: <input type="checkbox"/>
Address:			Visa: <input type="checkbox"/>
			Mastercard: <input type="checkbox"/>
		GENDIA Bank Account:	
		Belgium only:	735-0068036-27
		International:	IBAN: BE48-7350-0680-3627 BIC: KREDBEBB
		Credit Card Info:	
Tel:		Name Card:	
Fax:		Number Card:	
E-mail		Expiration Date:	