



GENDIA
 Emiel Vloorsstraat 9
 2020 Antwerp
 Belgium
 Phone: +32 3 303 08 01
 Fax: +32 3 238 77 70
 E-mail: patrick.willems@genetic-diagnostic.net
 Web: www.paternity.be

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:	