

## **METHODS OF PAYMENT**

### **1. Bank Transfer**

Account holder: Thalassaemia International Federation

Account No: 0125-02-000495-00

IBAN: CY77 0020 0125 0000 0002 0004 9500

SWIFT BIC: BCYPCY2N

BANK: Bank of Cyprus, Acropoli Avenue Branch, P. O. Box 21472, 1599, Nicosia, CYPRUS

### **2. Cheque or cash**

Please send to:

Thalassaemia International Federation

PO Box 28807

2083 Strovolos

CYPRUS

### **3. Credit Card**

Please complete and sign the form below and return to TIF by fax at +357 22 314 552

We remain at your disposal for any further information and/or clarifications that you may require

Kind regards

TIF Administration

### **Thalassaemia International Federation**

PO Box 28807, Nicosia 2083, Cyprus

Tel: +357 22 319 129

Fax: +357 22 314 552

Email: [thalassaemia@cytanet.com.cy](mailto:thalassaemia@cytanet.com.cy)

[www.thalassaemia.org.cy](http://www.thalassaemia.org.cy)



# THALASSAEMIA INTERNATIONAL FEDERATION

In official relations with the World Health Organization

## HEADQUARTERS:

PO Box 28807, 2083 Strovolos / 31 Ifigenias, 3rd Floor, 2007 Strovolos, Cyprus

Tel: +357 22 319 129 Fax: +357 22 314 552 Email: [thalassaemia@cytanet.com.cy](mailto:thalassaemia@cytanet.com.cy)

Website: <http://www.thalassaemia.org.cy>

## CREDIT CARD PAYMENT SLIP

Type of card: Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>
Number of card: .....	CVV2 code	<input type="text"/>	3 digits
Name of holder: .....			
Valid from: .....	Expires: .....	Amount: .....	
Signature of holder: .....		Date: .....	

In settlement of Invoice Number: .....

*Please complete and return by fax at +357 22 314552 or by email at [tif@thalassaemia.org.cy](mailto:tif@thalassaemia.org.cy)*