**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.     Credit Card**   
Please complete and sign the form attached and return it to TIF either by email at [thalassaemia@cytanet.com.cy](mailto:thalassaemia@cytanet.com.cy) or by fax at +357 22 314 552.

We remain at your disposal for any further information and/or clarifications.

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/)

CREDIT CARD PAYMENT SLIP

**Type of card:** **Visa**  **Mastercard**

**Number of card:** ....................................................................................

**CVV2 code (3 digits):** .....................

**Name of holder:** ………………………………………………………………………………….

**Valid from:** ............................. **Expires:** ………………………….. **Amount: €**…………………

**Signature of holder:** ..……………………………………………. **Date:** ………………………

**In settlement of Invoice Number: ........................**