



All fields marked \* are mandatory

First Name \*

Last Name \*

Company Name

Shipping Address \*

Report Number *	Stone Weight *
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Credit Card Type  Visa  Master Card  American Express

Card Number

Name of Card holder

Expiration Date

CCV / CID

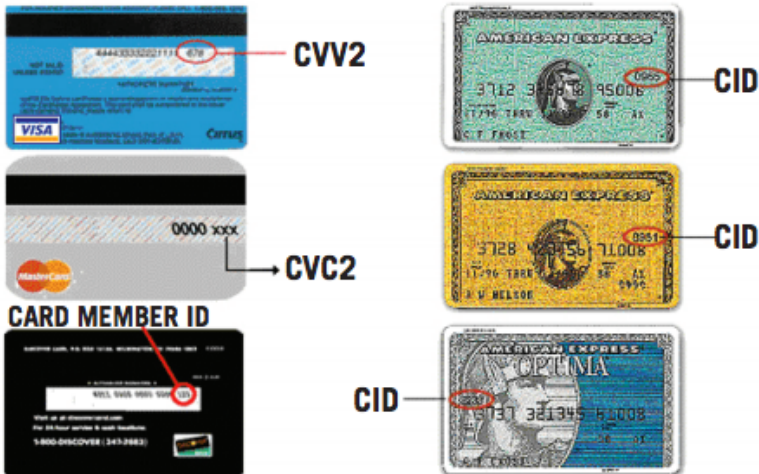
Amount to be Credited **\$ 20 or € 15 / duplicate + shipping cost**



Billing Address  
( If different from Shipping Address) \*

Shipping Preferences :

- Priority ( FedEX )       Registered Mail



Duly filled forms can be emailed to :  
**info@igi.org** or Faxed to +32 3 232 07 58