

# Payment Form

I wish to make payment for: IYIMV

Name(as on the card) \_\_\_\_\_

Billing address \_\_\_\_\_

Daytime telephone number \_\_\_\_\_

Email \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please charge £35.00 to my card

Visa  Delta  MasterCard  Maestro  Electron  JCB

Card No.

Expiry date  Start date  Issue No.

Security code  (last 3 digits of the number on the back of the card)

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Iyengar Yoga Institute Maida Vale, 223a Randolph Avenue, London WD 1NL