

Order Form

Personal Details (BLOCK CAPITALS PLEASE)

title: _____ initials: _____ surname: _____

address: _____

_____ code: _____

tel: () _____ fax: () _____ email: _____

Payment Method (BLOCK CAPITALS PLEASE)

cheque/postal order to the value of R _____, _____

please debit my Visa/Mastercard/Diner's Club/American Express (please circle) card number:

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(please fill in the three digits on the reverse of your card in the last three boxes above)

expiry date _____

signature _____

Send your order and payment to:	Oxford University Press Southern Africa Customer Services PO Box 12119 N1 City, Cape Town 7463	Tel: (021) 596-2300 Fax: (021) 596-1222 email: oxford.za@oup.com
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