

➤	Given Name:	<input type="text"/>	
➤	Family Name:	<input type="text"/>	
➤	Address:	<input type="text"/>	
➤	ChoiceField:	<input type="text"/>	
➤	Postcode:	<input type="text"/>	City: <input type="text"/>
➤	Country:	<input type="text"/>	
➤	Checkbox:	<input type="checkbox"/>	unchecked: <input type="checkbox"/>
<div><div></div></div>			