

>	Given Name:	<input type="text"/>	
>	Family Name:	<input type="text"/>	
>	Address:	<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>			