



LIB/F003

LIBRARY USER REGISTRATION FORM

NAME.....

(Surname, First, Middle)

GENDER: Male Female

SCHOOL.....REG./PF.NO.....

YEAR OF STUDY.....ID/Birth Cert. No.....

POSTALADDRESS.....PHONE NO.....

HOME/AREA OF RESIDENT.....E-mail.....

CATEGORY (Tick one)

Full Time School Based Post Graduate

Teaching Staff Non-teaching staff

Name and Address of Contact Person/ Sponsor/ Guardian Employer

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Phone no.....

I accept to abide by the library code of conduct.

Signature.....Date.....

OFFICIAL USE ONLY

LIBRARIAN.....SIGN.....

LIBRARY.....