

# KAMUZU UNIVERSITY OF HEALTH SCIENCES LIBRARIES

## Library External Registration Form

Please complete **using capital letters** and return to the library. The information you provide on joining the library will only be used for legitimate library processes by library staff or a third party to facilitate an effective service. Your consent to our holding this information.

**\*Please bring your card when you use the library.**

### PERSONAL DETAILS

Surname	First Name
Title (State whether Prof, Dr., Mr., Mrs., Miss., etc)	
Address	
National ID Number:	Office Number
Official Address (If applicable):	
Preferred email contact	
Mobile Number(s)	

### WORK DETAILS

Job Title
Employer (If applicable):
Department

**Declaration**

I agree to take responsibility for all items I borrow from the library, including fines accrued due to late returned items. I agree to return all the items I borrow or pay for any loss or damage to them during the term of my loan.

I will notify the library if I change any details listed on this form, and I will report the loss of any items I have borrowed. I agree to my data being held in accordance for the use of the Kamuzu University of Health Sciences Libraries.

I confirm I will inform KUHeS Libraries if my personal details change so that my records may be updated.

Signed.....

Date.....

**Official Use**

I certify that Prof/Dr/Mr/Mrs \_\_\_\_\_

who would like to register as a member of the Kamuzu University of Health Sciences has produced a National ID whose registration and copy is attached.

**Designation** .....

Signed .....

Date .....