



RHODES UNIVERSITY LIBRARY

VISITING BORROWERS APPLICATION FORM

SURNAME: (Please print) _____

Forenames: _____

Title: (eg Dr, Rev, Mr, Ms) _____

Home Address: _____

_____ Tel: (& code) _____

Work Address: _____

_____ Tel: (& code) _____

Cell Number: _____

E-mail Address: _____

Are you registered with any tertiary educational institution? YES / NO (Please circle)

If so, state institution: _____

I hereby apply for permission to borrow books from the Rhodes University Library during 20_____
I understand that the students and staff of the University have a prior claim on these books and I undertake to return any book immediately on request.

I understand that failure to return books by the due date will result in the termination of my membership.

I accept that certain categories of material are not available to Visiting Borrowers.

I agree to abide by the rules for the use of the Library as laid down by the University and to notify the Library of any change of address.

I understand that I will be permitted to borrow a maximum of 4 books at a time for a maximum of 2 weeks each and that I will have to produce my visitor's card whenever I want to borrow a book.

I UNDERTAKE TO ALLOW NO-ONE ELSE TO USE MY CARD AND TO REPORT ITS LOSS TO THE LIBRARY IMMEDIATELY.

Signature: _____

Date: _____

Registration Fee Paid: _____ Photo Supplied: _____

Borrowing Authorized by: _____

(On behalf of the University Librarian)