

Please complete in BLOCK LETTERS and fill in the appropriate boxes with X.

Please produce the original copy of your ID Card for verification and submit a photocopy of the ID Card.

Renewal

Change of Personal Particulars

Name _____

ITEMS

No changes of personal particulars

Change of personal particulars

Address _____

Mobile No. _____ Home Telephone No. _____

E-mail _____

Application of New Agent / Guardian / Guarantor

(Please produce the original copy of the agent's / guardian's / Guarantor's ID Card for verification and submit a photocopy of the ID Card.)

Cancellation of Agent / Guardian / Guarantor

(Please produce the original copy of the agent's / guardian's / Guarantor's ID Card for verification.)

Signature _____ Name _____

Signature of Applicant _____

Date _____ YY _____ MM _____ DD

For Library Use only

Library Branch

- | | | | |
|---------------------------------|------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> BCM | <input type="checkbox"/> BSL | <input type="checkbox"/> BIV | <input type="checkbox"/> BAP2 |
| <input type="checkbox"/> BEIACM | <input type="checkbox"/> BP | <input type="checkbox"/> BMH | <input type="checkbox"/> BI |
| <input type="checkbox"/> BHY | <input type="checkbox"/> BMV | <input type="checkbox"/> BSYS | <input type="checkbox"/> BTA |
| <input type="checkbox"/> BSRHT | <input type="checkbox"/> BLC | <input type="checkbox"/> BAP1 | <input type="checkbox"/> BHLT |
| | | | <input type="checkbox"/> BCOL |
| | | | <input type="checkbox"/> BSPV |

Library Card Yes No

Card Holder ID

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> General | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Child | <input type="checkbox"/> Non-resident |

Library Card Number

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Signature of Library Staff