



Catholic University of Zimbabwe Library Membership Form

Salutation:
(tick)

Mr Mrs Ms Miss

Name/s:

Surname:

Date of Birth:

Student /Staff ID
(e.g; R171168H)

National ID:

Phone Numbers:

Address

Email Address:

Course Enrolled For:

DECLARATION

I, the undersigned:

- accept responsibility for the return of any borrowed item by the due date
- am aware any items lost, defaced, damaged or not returned by me will incur a replacement cost
- understand my borrowing rights will be suspended while any items remain overdue
- will not lend items to other persons or organisations as I am responsible for all items borrowed with my card
- will inform the library of any changes in contact details

Please check Catholic University of Zimbabwe library Rules and Regulations for further Details

Signed:

Date:



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