

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