

TEMASEK POLYTECHNIC
LIBRARY & INFORMATION RESOURCES

APPLICATION FOR READERSHIP PASS

Name (Surname first) (Dr/Mr/Mrs/Miss/Ms) : _____

Email address : _____

Home address : _____

Postal code : _____ NRIC/Passport No. : _____ Tel : _____

Are you currently employed? : No Yes
(If yes, please furnish full particulars of employer)

Employer Name : _____

Office Address : _____

_____ Office Telephone : _____

Highest level of education attained : _____ Year : _____

Institution : _____

Purpose of Library use (please tick in the appropriate box) :

Study (Please specify course) : _____

*Name of Local/Foreign institution registered with _____

Research (Please specify subjects) : _____

Others (Please specify) : _____

Have you been issued with a readership pass ? Yes _____ (date) No

Requested date (s) : _____ Total no. of days : _____

Total payment [$\$10.70 \times \text{day(s)}$] = _____

Payment enclosed : Cheque No : _____ Date : _____

Date : _____ Signature of Applicant : _____

(Incomplete form will be rejected)

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FOR OFFICE USE ONLY

Approved/Not approved : _____ Date : _____
MGR/CIRC

Readership Pass No : _____