

RECIPROCAL BORROWING SCHEME

REGISTRATION FORM



This form is required for borrowing privileges at participating higher educational institution libraries. By signing this form, you agree to observe the policies, rules and regulations of these libraries. The policies may differ greatly from those of each institution, including overdue fines, etc. Services provided also vary depending on what the library offers.

RECIPROCAL REQUEST AT

UBD <input type="checkbox"/>	PB <input type="checkbox"/>	IBTE NRC <input type="checkbox"/>
UNISSA <input type="checkbox"/>	IBTE JBC <input type="checkbox"/>	IBTE BC <input type="checkbox"/>
UTB <input type="checkbox"/>	IBTE SSRC <input type="checkbox"/>	IBTE SBC <input type="checkbox"/>
KUPUSB <input type="checkbox"/>	IBTE MC <input type="checkbox"/>	IBTE ATC <input type="checkbox"/>

This service is free for all the participating libraries.

To register :

- Please attach a copy of your IC and Student/Staff Card
- Please attach a copy of gaurantor IC Card
- Please complete the form; incomplete form will not be entertained

Important Note :

A clearance form must be completed before the end of the applicant's contract/course.

APPLICANT'S DETAILS

[Complete the form in ENGLISH & in BLOCK LETTERS]

Full Name [As Per IC]					
IC Number	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
IC Colour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Of Birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality/Race			Passport Number		

CONTACT DETAILS

Address [Brunei Home Address]					
Address [Country Of Origin / Employer's Address]					
E-Mail Address					
Telephone No.	H	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
	M	<input type="text"/>	<input type="text"/>	-	<input type="text"/>

ACADEMIC DETAILS

Student/Staff ID			Department/Faculty		
Status	<input type="radio"/> Student	<input type="radio"/> Academic Staff	<input type="radio"/> Non-Academic Staff		
Course/Contract Duration	Start	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
	Complete	<input type="text"/>	<input type="text"/>	-	<input type="text"/>

APPLICANT'S SIGNATURE

Signature			Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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GUARANTOR'S DETAILS
[Compulsary]

By acting as the applicant's guarantor I am accepting responsibility for any outstanding Library loans and/or fines incurred by the applicant which are not settled prior to his/her leaving the Institution.

Full Name <small>[As Per IC]</small>																					
IC Number	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	IC Colour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Date Of Birth	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	Gender	<input type="text"/>	<input type="text"/>										
Relationship	<input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> Spouse <input type="radio"/> Sibling <input type="radio"/> Others <input type="text"/>																				
Address <small>[Brunei Home Address]</small>																					
Telephone No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Address <small>[Country Of Origin / Employer's Address]</small>																					
Telephone No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
E-Mail Address																					
Guarantor's Signature											Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
												<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VERIFICATION FROM HOME LIBRARY
[For Office Use Only]

<i>I verify that this is a faculty member, staff or students of the stated Library and that the applicant's course/contract ends on :</i>										<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Librarian Name																					
Position																					
Signature											Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
												<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Library Address & Contact Number															Official Stamp [Institution]						
Library Universiti Islam Sultan Sharif Ali Jalan Pasar Baharu, Gadong BE1310, Bandar Seri Begawan Brunei Darussalam																					
Tel : +673 246 2000 Fax : +673 246 2233 : +673 246 2366																					