



Reader's Registration Form

No.

Surname and Name, Title:

Date of Birth:

Place of Birth:

Permanent Address:

Address in Slovakia:

Identification Card No.:

Finished Education:

Status: student maternity leave retired handicapped other

Phone:

E-mail:

I declare that I am familiar with the library and lending policy Old City Library and I undertake that I will strictly adhere to all the provisions and replace all possible damages incurred by loaning loss or damage. I agree with using my personal data for the information and service system of Old City Library in terms of the Act No. 122/2013 about protection of personal data. I agree with evidence in information library system and I regard it as obligatory.

Date:

Signature.....