STAROMESTSKÁ KNIŽNICA

Reader's Registration Form **No.**

Surname and Name, Title:
Date of Birth:
Permanent Address:
Address in Slovakia:
Identification Card No:
Finished Education:
Status: ☐student ☐maternity leave ☐retired ☐handicapped ☐other
Phone:
E-mail:

Are you interested in subscribing to the newsletter with information about events and news in library (once a month)?

☐yes ☐no

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 infomation library system and I regard it as obligatory.

Date: Signature.....