

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	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"><input type="radio"/> UBD</div> <div style="text-align: center;"><input type="radio"/> PB</div> <div style="text-align: center;"><input type="radio"/> IBTE NRC</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;"><input type="radio"/> UNISSA</div> <div style="text-align: center;"><input type="radio"/> IBTE JBC</div> <div style="text-align: center;"><input type="radio"/> IBTE BC</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;"><input type="radio"/> UTB</div> <div style="text-align: center;"><input type="radio"/> IBTE SSRC</div> <div style="text-align: center;"><input type="radio"/> IBTE SBC</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;"><input type="radio"/> KUPUSB</div> <div style="text-align: center;"><input type="radio"/> IBTE MC</div> <div style="text-align: center;"><input type="radio"/> IBTE ATC</div> </div>	<p>This service is free for all the participating libraries.</p> <p>To register :</p> <ul style="list-style-type: none"> Please attach a signed copy of your IC and Student/Staff Card Please attach a signed copy of guarantor IC Card Please complete the form; incomplete form will not be entertained <p>Important Note : A clearance form must be completed before the end of the applicant's contract/course.</p>

APPLICANT'S DETAILS		[Complete the form in ENGLISH & in BLOCK LETTERS]
Full Name <small>[As Per IC]</small>	<input style="width: 100%;" type="text"/>	
IC Number	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	IC Colour <input type="radio"/> Y <input type="radio"/> R <input type="radio"/> G <input type="radio"/> WC <input type="radio"/> ABDB
Date Of Birth	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Gender <input type="radio"/> M <input type="radio"/> F
Nationality/Race	Passport Number <small>[For Foreigners Only]</small>	

CONTACT DETAILS	
Address <small>[Brunei Home Address]</small>	<input style="width: 100%;" type="text"/>
Address <small>[Country Of Origin / Employer's Address]</small>	<input style="width: 100%;" type="text"/>
E-Mail Address	<input style="width: 100%;" type="text"/>
Telephone No.	H <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> M <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

ACADEMIC DETAILS	
Student/Staff ID	<input style="width: 100%;" type="text"/>
Department/Faculty	<input style="width: 100%;" type="text"/>
Status	<input type="radio"/> Student <input type="radio"/> Academic Staff <input type="radio"/> Non-Academic Staff
Course/Contract Duration	Start <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Complete <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

APPLICANT'S SIGNATURE	
Signature	Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

GUARANTOR'S DETAILS		[Compulsory]
<i>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.</i>		
Full Name <small>[As Per IC]</small>	<input style="width: 100%;" type="text"/>	
IC Number	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	IC Colour <input style="width: 20px;" type="text"/> Y <input style="width: 20px;" type="text"/> R <input style="width: 20px;" type="text"/> G <input style="width: 20px;" type="text"/> WC <input style="width: 20px;" type="text"/> ABDB
Date Of Birth	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Gender <input style="width: 20px;" type="text"/> M <input style="width: 20px;" type="text"/> F
Relationship	<input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> Spouse <input type="radio"/> Sibling <input type="text"/> Others	
Address <small>[Brunei Home Address]</small>	<input style="width: 100%;" type="text"/>	
Telephone No.	<input style="width: 20px;" type="text"/> H <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> M <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
Address <small>[Country Of Origin / Employer's Address]</small>	<input style="width: 100%;" type="text"/>	
Telephone No.	<input style="width: 20px;" type="text"/> H <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> M <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
E-Mail Address	<input style="width: 100%;" type="text"/>	
Guarantor's Signature	<input style="width: 100%;" type="text"/>	Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" 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 style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Librarian Name	<input style="width: 100%;" type="text"/>	
Position	<input style="width: 100%;" type="text"/>	
Signature	<input style="width: 100%;" type="text"/>	Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Library Address & Contact Number		Official Stamp <small>[Institution]</small>
Department of Library and Learning Politeknik Brunei Block 2E Level 3 Ong Sum Ping Condominium Jalan Ong Sum Ping Bandar Seri Begawan BA1311 Brunei Darussalam	Tel : +673 223 4466 ext 210 & 306 Email : library@pb.edu.bn	

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