

REGISTRATION FORM – application for a National Library card

To be completed by a user, lines marked with * are mandatory		To be completed by NL staff
* SURNAME	* First name	ID
* Date of birth		Status
* Permanent address Street and number Town/ City Postal code	* Contact address (if different from permanent address): Street and number Town/ City Postal code	Power of Attorney for a disabled user (holder of ZTP/P) assistant
In emergency please contact: E-mail: Telephone:	* Photograph – taken at registration by library staff	For official use only:

Affirmation of a registering user at the National Library of the Czech Republic

I hereby declare that I read the National Library of the Czech Republic Rules and Regulations, including the Supplements, and I pledge that I shall act in accordance with these National Library Rules and Regulations.

I commit myself to notify without any unnecessary delay about any change in personal data provided on the registration form.

I agree with processing of my personal data by the National Library to the extent of and for the purpose stipulated in the National Library Rules and Regulations.

I agree that security cameras may record my presence and movements on the National Library premises.

Place:	Date:	Signature:
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Number and type of ID proving user's identity:
Date and librarian's signature: