UNIVERSITY KUALA LUMPUR LIBRARY

LIBRARY MEMBERSHIP FORM

PLEASE WRITE IN BLOCK LETTERS

NAME

PERMANENT ADDRESS (Please include postcode)

Town

State

Postcode

TEL.NO: –

EMAIL :

PRESENT ADDRESS/HOSTEL PARTICULARS (Please include postcode)

Town

State

Postcode

TEL.NO: –

I.C NO: – –
(For Malaysian)

PASSPORT NO:
(For Non-Malaysian citizen)

COURSE DETAILS (Student)
Please state your programme name and code

STATUS:
☐ Full Time ☐ Part Time

Programme : _____

Code Programme: _____

Date enrolled: _____

Study Duration : _____
(year)

ADMINISTRATIVE STAFF
Department: _____ Designation: _____

ACADEMIC & ADMINISTRATIVE STAFF
Certified by: _____

Signature of Applicant

Date

* Note: Please submit this form at Customer Service Counter