



**Central Library**  
**The Maldives National University**  
 Raahdehai Higuun, Machangolhi, Male' 20-04, Maldives, Tel: 3345164

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**Request to become an External Library Member**

**Your personal details**

Full name

E-mail

Telephone number(s)

**Present Address**

House name & Street

Atoll and Island

**Permanent Address**

House name / No.

Street, Province

State, Country

Telephone number(s)

National ID number or Passport number

I hereby agree to abide by the "Library Rules & Regulations" of The Maldives National University and " Database User Agreement" provided on the verso page.

Signature of applicant

Date

**Applicants permanent employment details**

Designation

Name of the Organization

Atoll and Island

Telephone number

**For Expatriates only**

Please provide a copy of the work permit card with this form.

Work Permit expiry date

**To be filled by the person recommending the membership**

Membership duration approved  Current Semester  Current Year

Recommend access to:  OPAC (Library Catalogue)  EBSCO Database  HINARI Database  Lexis Nexis

Name

Designation

Name of the Organization

Stamp & signature  Date

**For office use only**

Received date

Signature

Authorized by

Membership no.

Membership expiry date