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**APPLICATION FOR BORROWING MEMBERSHIP**

**IN TERMS OF THE CHELiN AGREEMENT**

# Details of applicant

Name:……………………………………… Student/Staff No.:………………………

Address:…………………………………… Telephone:……………………………...

…………………………………………….. Cell:…………………………………….

…………………………………………….. Email:…………………………………..

…………………………………………….. ID No.:…………………………….……

Institution at which Borrowing Membership is required:…………………………………………..

(Not more than two libraries)

Course of study/Subject of research:………………………………………………………………..

Period for which Borrowing Membership is required:……………………………………………..

Signature:…………………………………………. Date:……………………………………

# Details of Referring Library

Name of Library and Institution: **Stellenbosch University Library**

Name of authorized Staff Member: ………………………………….……………………………..

Telephone:……………………………… Email:…………………………………………...

1. I hereby certify that the above applicant meets the requirements in terms of the CHELiN Agreement for reciprocal use for the period specified above, as a:

Member of staff with local borrowing privileges

Student in possession of a degree, and registered for further study

Student registered for a B-Tech degree

2. The Library undertakes to stand surety for any defaults by the referred applicant. Such defaults must be reported timeously.

Signature:……………………………… ….. Date:……………………………………….……

**Please return the completed form via e-mail to jsg\_uitl@sun.ac.za or via fax to 021 808 3723.   
For enquiries, phone 021 808 4883.**