

IRC AND AMERICAN CORNER LIBRARY REGISTRATION FORM



U.S. EMBASSY BUJUMBURA

Complete the form below and drop it at the Embassy with
two passport photos with your name written at the back.

1.Full name

Family Name: _____

First Name: _____

Middle Name: _____

4.Your current address: _____

5.Phone numbers:

Home: _____ Cell: _____

2.Gender:

Male

Female

3.Birth Date

Month	Day	Year

6.Current Occupation

Studying

Grade/Job title: _____

Working

Unemployed

School/Employer Name: _____

Address: _____

Phone Number: _____

7.Your E-mail Address: _____

8.Referee's Name:

Job title: _____

Phone numbers

Where Employed: _____

Home: _____

Address: _____

Office: _____

E-mail Address: _____

Cell: _____

I hereby apply for the right to use the American Embassy Bujumbura Information Resource Centre and promise to comply with all its rules and regulations, to take care of the books I borrow, to pay fines or damages charged to me for lost or misplaced books, and to give immediate notice of any change in my address.

Signature: _____

Date _____ / _____ / _____
mm dd yyyy

Contact information

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