Registration date _____ Registration No._____

INFORMATION RESOURCE CENTER LIBRARY (IRC)
P.O. BOX 817 YAOUNDE
REGISTRATION FORM - WORKERS

Name _____Age_____
Profession _____
Business/Institution _____
Full address _____
_____
Tel: _____ E-mail_____
ID/Passport No: _____
Issuing center & date _____

This undersigned agrees to accept the responsibility of making restitution due to loss or damage to materials while in his/her possession. Fees will be charged for overdue materials

Signature of Applicant _____

Registration date _____ Registration No._____

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