MILA UNIVERSITY

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## LIBRARY DEPARTMENT

**No.1, Persiaran MIU, 71800 Nilai, Negeri Sembilan (Level 2)**
**Contact us : 06-7989362 / 9278 / 9357**
**Enquiry : library@mila.edu.my**

**Reference No:**

# LIBRARY MEMBERSHIP FORM **for part-time staff*

**NAME: ***

**ADDRESS: ***

**ZIP / POSTCODE: ***

**CITY:** **STATE:** **COUNTRY:**

**I/C NO: ***

**PASSPORT NO: *** **(For Non-Malaysian Citizen)**

**PHONE NO: *** **GENDER:** **MALE** **FEMALE**

**EMAIL:**

**DESIGNATION:**

**DEPARTMENT:**

**STAFF ID NO:**

****PLEASE OBTAIN AN APPROVAL FROM ANY FULL-TIME STAFF FOR GUARANTOR PURPOSES***

### PRIVACY AND CONFIDENTIALITY POLICY

The library will not collect or retain your private and personally identifiable information without your consent. Individuals may choose to submit their names, email addresses, postal addresses, or telephone numbers to receive library services, such as registering for library account, ordering materials, receiving personal responses to questions, or being added to specific mailing lists. If you consent to give us your personally identifiable information, we will keep it confidential and will not sell, license, or disclose it to any third party, except those working under contract to the library, or except as required by law.

**BORROWER ACKNOWLEDGMENT**

**I agree that:**

i. Any false information given will be fined RM 30.00
ii. Will abide all the Library Rules and Regulation and give my cooperation as a benefit to library service.
iii. Will inform the library of any changes to my current address or details and make sure to return all my borrowed books if I am no longer in service with MILA University.
iv. Will be fully responsible and pay if there is any book lost involved.
(Price of the book + RM 25.00 service charge or replace with a similar book)

**Borrower Signature: ……..** **Date: ……**

**TO BE FILLED BY GUARANTOR**

I hereby, will take a responsibility to ensure that the above borrower will return his/her borrowed book or make a replacement fee for any item / book that has not been returned or lost to the library.

***Note: For loss of book, the book can be replaced with a similar one.***

**Yours sincerely,**

**……...**
(Signature and official stamp)
Name :
Staff ID No. :
Phone Number :
Email :
Date :

**FOR OFFICE USE ONLY**

**Verified by,**

**……...**
(Signature and official stamp)
Name :
Staff ID No. :
Date :