



premier

Office Of The Premier
PROVINCE OF KWAZULU-NATAL

LIBRARY MEMBERSHIP FORM

The membership form is to be completed in full.

FIRST NAMES:	
SURNAME:	
IDENTITY NUMBER:	
PERSAL NUMBER:	
CHIEF DIRECTORATE:	
SECTION:	
HOME ADDRESS:	
WORK ADDRESS (if not employed at OTP)	
TEL. NUMBER: (work)	
TEL. NUMBER: (home)	
CELL NUMBER:	
EMAIL ADDRESS:	
TOPICS OF INTEREST (N.B. These should be work or study related topics)	