

EDUCATION LIBRARY

U S E R R E G I S T R A T I O N (HBE)

* ***Please use clear block letters***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *User Barcode :* *(Office Use)* | | | ***Date :***  *(Office Use)* | | |
|  | | | | | |
| **1** | **Surname** |  | **2** | **Signature** |  |
| **3** | **Name(s)** |  | | | |
| **4** | **Title**  (Dr / Mr / Ms ) |  | 5 | **Gender** (m/f) |  |
| **6** | **ID Number** |  | | | |
| **7** | **Postal**  **Address** |  | | | |
| **8** | **Street**  **Address** |  | | | |
| **9** | **E-mail Address** |  | | | |
| **10** | **Tel No** |  | **11** | **Fax No** |  |
| **12** | **Cell No** |  | | | |
|  | |  | | | |
| **13** | **Date registered at FSDoE** |  | | | |
| **14** | **Registration Number (H)** |  | | | |
| **15** | **FSDoE**  **Reference’s**  **Name** | *Mr M J Ntsala* | | | |
| **16** | **FSDoE**  **Reference’s**  **Tel No** | *051-447-0037* | | | |
| **17** | **FSDoE**  **Reference’s**  **Physical Address** | *Room 526*  *Trustfontein Bldg*  *St Andrews Street*  *Bloemfontein* | | | |