



# Institute for Commercial Forestry Research

ICFR LIBRARY APPLICATION FORM

ICFR00

<b>ICFR LIBRARY APPLICATION:</b>			
<i>The applicant agrees to immediately notify the ICFR of any changes to their application details and acknowledges that this may result in cancellation of their library registration.</i>			
Surname:		Title, initials:	
First name:		Identity number:	
Cellphone No:		Office Tel:	
Email address:			
FSA affiliation:	Yes / No	Employer:	
Student number:		Place of study:	
Study description:		Year of study:	
Signature and date:			

***For library enquiries and application submissions, contact Karusha Singh  
(karusha.singh@icfr.ukzn.ac.za)***

<b><i>For office use:</i></b>						
<i>Verifications:</i>	<i>FSA:</i>		<i>Employer:</i>		<i>Student:</i>	
<i>Library ID No:</i>			<i>Active:</i>			