



**Open University of Mauritius**

**Application Form for Access and Use of Library Services by External Users**

**Please download first, fill and send the form to *libraryservices@open.ac.mu***

Surname: .....

Name: .....

Address: .....

National ID/Passport No\*: .....

Email address: .....

Tel: (H): ..... (M): ..... (O): .....

Occupation: .....

Institution Affiliated to: .....

Purpose: .....

Access Period Applied and Amount (*Please select from table*):

.....

**Membership Fee Table:**

Access Period	Corresponding Fee	
	Mauritian Nationals (Rs)	Foreign Visitors (USD)
1 month	2,500	100
6 months	5,000	200
1 year	10,000	500

Signature: .....

Date: .....

Recommended/ Not Recommended:	Approved/Not Approved
Signature: .....	Signature: .....
Head, Library Services	Director General
Date: .....	Date: .....

***\*Please attach copy of NID/Passport and Proof of Address***

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**For Office Use**

Payment Received: .....

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OU Email Address: .....

Membership Start date: ..... End Date: .....

**Email sent to External User**

Staff Name & Signature: .....

Date: .....