



# Path Institute of Technology and Entrepreneurship Limited

Kitengela – Betty Business Centre, 2<sup>nd</sup> Floor above Family Bank

P.O. Box 799-00241 Kitengela

Cell: 0700 392 770

Email: [pathinsttech@gmail.com](mailto:pathinsttech@gmail.com)

## **PATH INSTITUTE OF TECHNOLOGY AND ENTREPRENEURSHIP**

### **LIBRARY MEMBERSHIP FORM (LMF)**

#### **Personal Information.**

Student Name .....

Admission Number .....

National ID .....

Course .....

Postal address.....City/town.....

Phone number.....email address.....

#### **DECLARATION:**

I, the undersigned:

- Agree to abide by the rules and regulations of the library service.
- Accept responsibility for the return of any borrowed item by due date.
- Am aware any lost items, defaced, damaged or returned by me will incur a replacement cost.
- Understand borrowing rights. Will be suspended while any items remain overdue.
- Will not lend items to other persons or organizations as I 'am responsible for all items borrowed with my card.
- Inform the library of any changes in contact details.

Signed.....Date .....

#### **For official use only:**

Librarian .....Date.....

Signature.....