



ARCHIVE VISITORS QUESTIONNAIRE

PLEASE FILL IN WITH CAPITAL LETTERS

No / Year

Office Use Only

1/ Full Name

2/ Data of Birth **3/ Place of Birth**

4/ Permanent Address

5/ Temp. Address

6/ Work Place

7/ Work Address

8/ Work Telephone **9/ Home Telephone**

10/ Mobile (Cell Phone) **11/ Contact Tel. Number**

12/ E-mail **13/ Fax**

14/ Subject of Interest / Purpose of Visit

15/ References (if any)

16/ Start Date

17/ End Date

I agree to observe the Trust's Rules of Conduct

18/ Normal Signature

