PC03-02-IMP-02 | 06

Classificação: 00.00.00

ENROLLEMENT DATE	READER NUMBER To be filled by our staff)	THE TECHNICIAN
FULL NAME		
DATE OF BIRTH NA	ACIONALITY	
CITIZEN CARD / PASSPORT	TAXPAYER NUMBER	GENDER
ADDRESS		
POSTCODE		
PHONE / MOBILE E-MAIL		
OCCUPATION	QUALIFICATIONS	
SCHOOL / KINDERGARDEN	DEGREE	
PARENT / TUTOR		PHONE / MOBILE
I give permission to be notified to the email presented Yes Do you prefer the virtual card? Yes		
Upon the act of registration, it is necessary to presente your citizen card/ID, taxpayer card or personal ballot and proof of address (for instance, water or light bill, etc.) If the reader is underage, this form must be signed by his/her parent or tutor. The validation of this form will only be accomplished after the completion of the same.		

I HAVE READ AND ACCEPT THE RULES AND REGULATIONS OF THE ESPINHO'S LIBRARY NETWORK, THEREFOR ASSUMING RESPONSABILITY FOR ALL INFORMATION CONTAINED WITHIN THIS DOCUMENT.

I give my express consent [cfr. Art.6º, n.º1.al. a) of the GDPR (General Data Protection Regulation)] to the treatment of my data by the Municipality of Espinho, within the scope of this form.

Yes

Signature

