



澳門大學
UNIVERSIDADE DE MACAU

UNIVERSITY LIBRARY

Application for Replacement of Library Card

Applicant's Name : _____

Faculty / Department : _____ Student / Staff No. : _____

Reason for Replacement : _____

Correspondent Address : _____

Telephone No. : _____

Applicant's Signature : _____ Date : _____

Received by : _____ Date : _____

Revision 001



澳門大學
UNIVERSIDADE DE MACAU

UNIVERSITY LIBRARY

Application for Replacement of Library Card

Applicant's Name : _____

Faculty / Department : _____ Student / Staff No. : _____

Reason for Replacement : _____

Correspondent Address : _____

Telephone No. : _____

Applicant's Signature : _____ Date : _____

Received by : _____ Date : _____

Revision 001