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RESEARCH REGISTRATION FORM

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Fax/Email: _____ Tel: _____

Subject of Research:

Purpose of Research: _____

Materials Requested: _____

Category of researcher (tick one box that best describes the context for your use of the material):

Academic	<input type="checkbox"/>	Government	<input type="checkbox"/>	Legal	<input type="checkbox"/>
Family researcher	<input type="checkbox"/>	Museum/Archives/Library	<input type="checkbox"/>	Documentary/Publication	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>				

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I have read the Rules of the Nelson Mandela Centre of Memory and agree to be bound by them.

Signature: _____ Date: _____

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