



DECLARATION OF CONSENT

I, _____, _____
(first name and surname) (address at the place of permanent residence)

Croatian Personal Identification Number (OIB), or Passport Number: _____, hereby give my consent for my child/ward

(first name and surname of the person applying for membership)

to apply for the membership of the National and University Library in Zagreb and become its member.

Furthermore, I hereby irrevocably state that I shall personally assume full liability for all material, financial and other obligations arising from the membership of the member stated above of the National and University Library in Zagreb which especially but not exclusively relate to the payment of the membership fee, late return fines, the Library's services, as well as charges for any damage or loss of the Library's holdings, equipment and other possessions occurring as a result of the above-stated member's actions.

(Signature)

In Zagreb, _____ 20 ____.