

Section A: Researcher Information (Please complete all fields.)

NAME (IN FULL)	
NRIC/FIN/PASSPORT NO (Last 3 digits + 1 alphabet) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NATIONALITY <input type="checkbox"/> SINGAPOREAN <input type="checkbox"/> OTHERS (PLEASE SPECIFY: _____)
OCCUPATION	ORGANISATION/INSTITUTION
CONTACT NO.	EMAIL ADDRESS

Section B: Project Details (Please attach additional information if necessary)

WHAT IS YOUR RESEARCH TOPIC? (eg. Housing in Singapore)		
WHAT IS THE SCOPE OF YOUR RESEARCH? (eg. For research about the role of HDB in the development of public housing in the period 1960s – 1970s)		
WHAT YOUR RESEARCH WILL BE USED FOR? <input type="checkbox"/> Exhibition <input type="checkbox"/> Unpublished material (eg. Dissertation, school paper) <input type="checkbox"/> Publication <input type="checkbox"/> Video Production <input type="checkbox"/> Other uses: Please specify _____	WHO IS THE INTENDED AUDIENCE/WHO WILL THE RESEARCH BE SUBMITTED TO?	WHAT IS THE PROJECTED DATE OF COMPLETION OF THE RESEARCH?

Please email your completed form to nas@nlb.gov.sg

Conditions governing request for items and reproductions at the Archives Reading Room

I agree to the following conditions and accept that my access to archives are subject to these conditions:

1. I shall use the contents of archives or any copy made of archives only for the research topic, scope and purpose set out above. I shall provide any additional information requested on the topic, scope and purpose.
2. I shall comply with any access or other conditions set out in the research database or as advised by the archivist on duty. I am aware that some collections are restricted and written permission may be required to view or quote or make reproductions. Conditions may cover other matters as well depending on the requirements that may be set by donors, copyright owners or rights holders.
3. I understand that I may have to submit a separate reproduction request for certain types of archives and/or proposed uses and shall do so if requested. Additional conditions may then apply.
4. I acknowledge that where the copyright or other rights relating to archives belong to others, I shall be responsible for obtaining the necessary clearance or licence.
5. I shall not disclose the personal data of any person found in the archives without prior written permission.
6. I accept that I may be asked to present my identification documents or passport for verification and shall comply with any other rules relating to usage of the Archives Reading Room.
7. I acknowledge the need to care for archives and accept that I shall be responsible for any loss or damage due to my fault or negligence.
8. I agree to present my ID/Passport for verification purposes upon request.

SIGNATURE	DATE
-----------	------

(To sign and date only when you visit the Archives Reading Room)

For Official Use	
First time: <input type="checkbox"/> Yes <input type="checkbox"/> No No. of Accompanying Researchers: _____	Form submitted via: <input type="checkbox"/> E-mail. Date: _____ <input type="checkbox"/> Walk-in. Date: _____
Staff Signature	Form Number

Section C: Items Requested

Government Records/ Straits Settlements, Overseas and Private Records/Maps and Building Plans/Publications				Onsite Use Only		
<i>(please try to group by format and in running order)</i>				<i>Tick if you have reproduced</i>		
S/N	Microfilm/ Media-Image Number	File Reference Number	Title/URL	Microfilm Print	Computer Print	Photo
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Audio Visual Records/ Oral History Recordings		
S/N	Accession Number/ Reel Number	Interviewee Name/Record Title
1		
2		
3		
4		
5		

For Official Use										
S/N		Permission to:			For Physical records		For Digital records			
	Special Conditions	V	R	Q	Records Issued By/Date	Record Filed By/Date	Digital viewer/ Date	ARR-User/No./ Date	Already Online/ Date	Remarks (or other Issue Dates)
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

S/N	For Physical records		For Digital records			Remarks (or other Issue Dates)
	Records Issued By/Date	Record Filed By/ Date	Digital viewer/ Date	ARR-User/No./ Date	Already Online/ Date	
1						
2						
3						
4						
5						

Legend

V: View

R: Reproduce for private reference (Microfilm print/computer print/photography)

Q: Quote or cite from

