



**Sabah Museum Application Form  
Research at the Sabah Museum Reference Library**

JMNS:

**INFORMATION OF RESEARCHER**

Name: \_\_\_\_\_  
( Block Letter)

I/C No. /Passport No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**INFORMATION ON RESEARCH**

Date of Research: \_\_\_\_\_ Time: \_\_\_\_\_

Subject of Reaserach: \_\_\_\_\_  
\_\_\_\_\_

Purpose of Research: \_\_\_\_\_  
\_\_\_\_\_

Name & I/C No. of Group Members: \_\_\_\_\_  
(If any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I agree to abide by the rules of the Department of Sabah Museum

\_\_\_\_\_  
Name:  
Date:

**OFFICIAL USE**

Nos. of Application: \_\_\_\_\_

Record by: \_\_\_\_\_  
Date: \_\_\_\_\_