

CARIBBEAN NETHERLANDS SCIENCE INSTITUTE

Guest Registration Form

Personal Details

*Surname:					
*Given name:					
Gender:					
Date of Birth:					
Passport num	ber:				
*Address:					
Zipcode:					
*Town:					
*Country:					
*Phone numbe	er:				
*(Private) Ema	il address:				
Employer/Uni	versity:				
Supervisor (if	applicable):				
Phone numbe	r employer/university:				
Email address ampleyor/supervisors					

*Name:	detail	s: 				
Address:						
Zipcode:						
City:	•••••					
Country:						
*Phone number:						
*Private email address:		•••••			•••••	
*Relationship:						
The lines with * are mini	imum re	equired fi	elds			
Date of arrival:			Date of departure:			
Items received	Date is	ssued		Date returned	<u> </u>	Quantity
Set of bed linen	Date i.	33464		Date returned	•	Quantity
Pillow						
Towel						
Keys						
Bicycle						
Didyoic						
Deposit received	A	Amount Date		Staff sig		nature
Bed linen, pillow, towe		S\$ 100			3.0	<u>,</u>
appliances, cleaning	,					
Keys	U	S\$ 20				
Bicycle		S\$ 150				
Deposit returned		mount	Date		Staff signature	
Bed linen, pillow, towe						,
appliances, cleaning						
Keys						
Bicycle						
I, the undersigned, herel return (e.g. bed linen, to appliances, bicycle) and replacement costs, or ot inappropriate use of CNS arrival at CNSI. I acknow guest commitment form	wels, ke that the her cos SI facilit ledge th	eys, bicyc Caribbe ts inflicte ies during	le) or ot an Neth d on CN g my sta	ther items that erlands Science SI that could be y at CNSI, from	I may have Instituted attributed the depo	ve broken (e.g. kitchen e (CNSI) may take the ed to my negligence or osits that I paid upon
Signature				Date		