

**Request to Access and Use**

**museum material and documentation**

**Applicant's data**

|  |  |
| --- | --- |
| Name, surname: |  |
| Occupation, degree (profession): |  |
| Parent institution: |  |
| PIN (Personal ID no.): |  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |
| Company: |  |
| Registered office and business address: |  |
| Company registration number: |  |
| VAT/tax ID. no.: |  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |

**The purpose of access to / use of museum material and documentation**

(e.g., a paper, study, book, term paper, graduate thesis, paper for a certification/professional examination, doctoral dissertation, or other, on the topic of):

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**Specification of the requested service**

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1. I hereby agree to abide by the **Regulations on the Use of Museum Material and Documentation** and the **Schedule of Fees**, and shall use copies solely for the above stated and no other purpose.

2. **I hereby give my consent to the Archaeological Museum of Istria to use my personal data, as provided above, solely for the purpose of processing this Request, in accordance with the General Data Protection Regulation**.

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| Place and date |  | Signature of the Applicant |
|  | Request approval: |  |
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|  |  |  |
|  |  |  |
|  |  |  |
|  | Signature of the Director |  |