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**JOB**  
**01000**

## FOR OFFICE USE

Order rec. by	
Date received	

## PATRON'S DETAILS

Surname (Block Letters): ..... Name: .....

Address: ..... Postal Code: .....

Tel/Cell no: ..... Fax No: ..... Email address: .....

Email address: .....

Email address: .....

Name: .....

Postal Code: .....

## TYPE OF SERVICES/FORMAT REQUIRED

Printouts	Photographic Negative	Film/Fiche	Digital Scan to:
<input type="checkbox"/> Microfilm	<input type="checkbox"/> B/W/white	<input type="checkbox"/> Master Film	<input type="checkbox"/> 3" disk
<input type="checkbox"/> Microfiche	<input type="checkbox"/> Colour	<input type="checkbox"/> Diazo Film	<input type="checkbox"/> CD-Rom
<input type="checkbox"/> Computer	<b>Prints</b>	<input type="checkbox"/> Silver halide	<input type="checkbox"/> File for electronic transfer
<input type="checkbox"/> B/W/white	<input type="checkbox"/> B/W/white	<b>Photocopy</b>	
<input type="checkbox"/> Colour	<input type="checkbox"/> Colour	<input type="checkbox"/> B/W/white	
		<input type="checkbox"/> Colour	

## SPECIAL INSTRUCTIONS OR SERVICE

☐ Research services ☐ Other

## DELIVERY METHOD

☐ Collect

☐ Post

☐ Fax

☐ Email/  
FTP

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Date: .....

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