

Ollscoil na hÉireann - National University of Ireland

ARCHIVAL ENQUIRY FORM
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Application Type	
Date Received	
Date of Issue	

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APPLICANT DETAILS				
Surname (block letters, please)				
Forename(s)				
Address				
Please specify the nature of your A	Archival Enquiry: (attach a	additional information if	appropriate)	
IPPLICANT'S SIGNATURE: DATE: DATE:				
Phone / Email / Fax (as appropriate):				
Archival Enquiries may of the enquiry and the ti due and request payme	ime involved. The Uni nt details prior to prod Methods of Payı	versity will advi ceeding with yo ment	se you of any cl ur request.	
(Office Use Only –	- details to be obtained fro	m applicant if payr	ment is due)	
I. Credit/Laser Card		1 🗆		7
Amount of payment:	MasterCard	∫ Visa ∐	Laser _	
Card Number:				
Date of Expiry: (mmyy, e.g. 1108)				
Name of Cardholder: Block letters, please) CARDHOLDER'S SIGNATURE:			DATE:	
2. Other Payment Methods				
Amount of payment:				
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Cash is acceptable where payment is made in nternational money order – payable to Nationa	person only; otherwise by cross	ed cheque, bank draft,		der,
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