

Application no.

ARCH / 20 /

**The Polish Institute and Sikorski Museum
Application For Persons wishing to access the Archives
(please complete in capitals in ink or type)**

PERSONAL DETAILS

Surname	Forename/s
Permanent address House/Flat no. Street name: Town: Post code: Country: Telephone no: Mobile: e-mail address:	Temporary address in London: Contact telephone number in London:
Nationality:	Identity document:
Academic title:	Identity document serial no:
Occupation: In case of students, name of promoter and name and address of university/college:	Address of workplace:

INFORMATION ABOUT PURPOSE OF RESEARCH:

Topic of research/provisional title of article or book:
--

DECLARATION :

I the undersigned have read the rules and regulations and fees and charges of the Archives of The Polish Institute and Sikorski Museum and agree to abide by them.

Date:	Name & signature:
--------------	------------------------------

Application no. ARCH / 20 /

FILES ordered / used / returned

Date	Archive ref. no.	given out	returned	Date	Archive ref. no.	given out	returned

Please note:

It is requested that the full archival reference number is clearly given in the box marked: Archive ref. no.