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| InterNICHE |

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**Please reply to:**

**Alternatives Loan System**

Mariana Vieira Crespo

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2925-604 Brejos de Azeitão

Portugal

tel: +351 966 415 345

e-mail: loansystem@interniche.org

## InterNICHE Alternatives Loan System

# Request Form and Borrower’s Agreement

Name:

Telephone and fax:

E-mail:

Passport / ID number:

University address:

Home address:

Item(s) requested:

Loan period requested:

Preferred date of receipt:


#####  The International Network for Humane Education

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Referee’s name:

Referee’s telephone:

Referee’s e-mail:

Referee’s address:

I agree to provide review of each item when it is returned, and I consent to InterNICHE using this review as required, including on the InterNICHE website. I will inform InterNICHE if I prefer that my review is anonymous.

I am responsible for the safekeeping of the item(s), and will not lend them out to any third party without prior permission. I will not copy the item(s), and will return them clean, undamaged and complete within the agreed period. I will cover the postal costs of returning the item(s), and cover the costs of any repair or replacement required should the item(s) be returned damaged or not be returned at all.

I confirm that I accept the above agreement.

Signature:

Date:

Referee’s signature:

Date:


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