Annex 6 to the Rules for the Use of Martynas Mažvydas National Library of Lithuania

(Document form)			
(Forename and surname in capital letters, reader's pass number)			
To: Director General of Martynas Mažvydas Nationa	ıl Library of Litl	nuania	
APPL FOR PERMISSION TO TAKE AW	ICATION AY DOCUME	NTS FOR FIXED	TERM
	(date) Vilnius	_	
I am asking for permission to take documents from _	(date)	_to	(date)
For:(To specify the reason)			
I am acquainted with the Rules for the Use of the Library. ATTACHED (To specify copies of documents, if any):			
(signature)	(forenam	e, surname)	_