



**NATIONAL CENTRE FOR ARTS AND CULTURE  
DIRECTORATE OF CULTURAL HERITAGE  
RESEARCH AND DOCUMENTATION DIVISION  
INDEPENDENCE DRIVE, PMB 151  
BANJUL THE GAMBIA**

**APPLICATION FOR A RESEARCH PERMIT**

(All blank spaces should be filled out in English, typewritten or legibly printed in block letters)

1. Mr/Mrs/Miss/Dr.....  
(Enter full name and underline family name)

2. Date of birth.....

3. Place of birth.....

4. Nationality.....

a) Passport number.....

b) Date of issue.....

5. Permanent home address.....

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6. Postal address (if different from above).....

.....

7. Country of present residence.....

8. Address in The Gambia (if non-resident in The Gambia) during period of Research.

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9. Field of study.....  
(e.g. Ethnography, Archaeology, History, Social-Anthropology,etc)

10. Highest educational standard attained.....  
(e.g. Diploma, B.A., B.Sc., M.A., M.Sc., M. Phil, Ph.D, etc.)

11. Publications (books, articles, thesis published).....

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12. Research emphasis (summarize in the space below the purpose and nature of your research)

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13. Institutional affiliation or organization for which the research is being conducted. (Attach a photocopy of testimonial or attestation letter from your institution)

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14. Award (Fellowship or scholarship you are holding)

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.....

15. In what part of the country do you intend conducting the research

.....

16. Duration of stay in The Gambia.....

I understand and accept that the National Centre for Arts and Culture reserves the right to take any action as may be deemed necessary, if I fail to provide the right information on this form.

I therefore make this solemn declaration that the information given on this form is complete and accurate to the best of my knowledge.

Done at ..... Date.....  
(City)

Signature.....  
(Researcher)

**NB. A NON-REFUNDABLE FEE OF D1000.00 (One Thousand Dalasis) SHOULD ACCOMPANY THIS APPLICATION FORM.**

FOR OFFICIAL USE ONLY

APPLICATION APPROVED/NOT APPROVED      PERMIT No. ....

EXPIRY DATE.....

SIGNATURE.....

POSITION.....

DATE.....

***EXTENSION REQUESTED: YES/NO***

EXPIRY DATE.....SIGNATURE.....POSITION.....DATE.....

## AGREEMENT FORM

**NAME OF APPLICANT.....**

**RESEARCH SUBJECT.....**

**APPLICATION DATE.....**

In the event that I am granted a Research Permit, I understand and agree:

1. That I shall leave with the Research and Documentation Division (RDD) of the NCAC copies of all tape-recorded and other materials collected in The Gambia, before leaving the country.
2. That I shall provide all relevant data about the tapes which are necessary for cataloguing and critical evaluation of the material.
3. That I shall deposit a copy of my research paper with the RDD of the NCAC after submitting it to my institution.
4. That all material objects and antiquities collected in connection with my research must pass through the Directorate of Cultural Heritage for certification before transportation outside Gambia for analysis or other purposes.
5. That although the research material deposited will remain closed to private researchers for three years from the date of deposit, unless I give written instruction to the contrary, the NCAC reserves the right to allow **bona fide** Government Officers access to any of my materials which will better enable them to carry out their official duties. Any government report arising there from, shall however, acknowledge the source of the information

**SIGNED.....**  
**(Researcher)**

**DATE.....**

To:  
**National Centre for Arts and culture**  
**Department of Cultural Heritage**  
**Independence Drive**  
**Banjul, The Gambia**