

ISBN Application Form

FILL IN BLOCK LETTERS

Name of applicant/company*: _____

*Name of applicant and designation: _____

Number of ISBN numbers needed: _____

How many different publications do you plan over the next 2 or 3 years: _____

Address: _____

Tel. no.: _____

Fax no.: _____

Mob. no.: _____

e-mail: _____

url: _____

Name of Publisher/Self-published: _____

Title of Book/s (indicate edition no.): _____

Series (indicate title and no.) (if applicable): _____

ISBN of parent publication (if applicable): _____

Author/s of Book: _____

Contributor/s (indicate name and role) (if applicable): _____

Year of Publication: _____

Name of Printer: _____

Product Format: _____

In case of an E book specify format of file: _____

Language/s: _____

Country of Publication: _____

Last ISBN no. provided: _____

Additional Details:

Signature: _____

For Office Use Only

Date of Submission: _____
Numbers Issued: _____
Payment Total: _____
Type of Payment: _____
Payment Status: _____

All applications are to be sent to Mr. Joe Debattista (Secretary) on:

joe.debattista@gov.mt

or
National Book Council
Central Public Library
J Mangion Street
Floriana
FRN 1800
