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## 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: \_\_\_\_\_

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](mailto:joe.debattista@gov.mt)

or

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