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## ISMN Application Form

*FILL IN BLOCK LETTERS*

Name of applicant: \_\_\_\_\_

Number of ISMNs needed: \_\_\_\_\_

State the number/estimate of publications planned for the coming 2 or 3 years: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. no.: \_\_\_\_\_

Fax no.: \_\_\_\_\_

Mob. no.: \_\_\_\_\_

e-mail: \_\_\_\_\_

url: \_\_\_\_\_

Title (as it appears on the publication):

\_\_\_\_\_

\_\_\_\_\_

Composer's name and surname (as it appears on the publication):

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Year of Publication: \_\_\_\_\_ Edition no. (if applicable): \_\_\_\_\_

Name of Printer: \_\_\_\_\_

Product Format: \_\_\_\_\_

Language/s: \_\_\_\_\_

Country of Publication: \_\_\_\_\_

Last ISMN no. provided: \_\_\_\_\_

Additional Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*For Office Use Only*

Date of Submission: \_\_\_\_\_

Number/s 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  
National Book Council  
Central Public Library  
J Mangion Street  
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