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## ISBN Application Form

*FILL IN BLOCK LETTERS*

Name of applicant  
company\*: \_\_\_\_\_

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designation: \_\_\_\_\_

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Number of ISBN numbers  
needed: \_\_\_\_\_

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

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Name of Publisher or indicate if self-published: \_\_\_\_\_

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

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

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ISBN of parent publication (if applicable):

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Author/s of Book:

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

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Year of

Publication:

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Name of

Printer:

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Product

Format:

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In case of an E book specify format of file:

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Language/s:

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Country of Publication:

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Last ISBN no.  
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Additional Details:

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Date of  
Submission:-----

Numbers  
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All applications are to be sent to Mr. Michael Mercieca on: [michael.mercieca@gov.mt](mailto:michael.mercieca@gov.mt)

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