



Central Public Library  
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## ISMN Application Form

*FILL IN BLOCK LETTERS*

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

\_\_\_\_\_

\*Name of applicant and  
designation: \_\_\_\_\_

\_\_\_\_\_

Number of ISMN numbers  
needed: \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

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

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

Title (as it appears on the publication)::

\_\_\_\_\_

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

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

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

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

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

Language/s:  
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Country of Publication:  
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Last ISMN no.  
provided: \_\_\_\_\_

Additional Details:

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Signature: -----  
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*For Office Use Only*

Date of  
Submission:-----

Numbers  
Issued:-----

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

or  
ISMN/ISMN - National Book Council  
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J Mangion Street  
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