



# ISBN Application Form

Please read the accompanying notes. Please use BLOCK CAPITALS throughout.

## **Publisher Information**

Publishing Name:

Publishing Address:

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Postcode:

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Name of Applicant:

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Job Title (if applicable):

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VAT Number (if applicable):

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## **Communication Details**

Telephone:

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Fax:

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Email:

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Website:

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Mobile:

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## **For Office Use Only**

Date Sent:

Inv. No:

Prefix:

Org id:

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Date Rec'd:

Category:

Notification:

Artemis:

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## ● Publishing Information

How many titles are scheduled for publication in the foreseeable future (e.g. 2-3 years)?  
(If you plan to publish more than 10 titles in the next 2 years, please ensure that you apply for a larger allocation on the payment form).

Please tick box for the product types you intend to publish.

Books / e-books	<input type="checkbox"/>	CD-ROMs	<input type="checkbox"/>	Talking Books	<input type="checkbox"/>
Instructional videos	<input type="checkbox"/>	Maps	<input type="checkbox"/>	Other (please specify below):	<input type="checkbox"/>

## ● Page Samples

Please enclose with this application photocopies/drafts of the title page and title page verso of the **first** publication requiring an ISBN. (See example pages below). The title page verso must display a publisher statement. Further details for **this** publication must be provided on the Nielsen BookData Information Form.

Example Title Page:

**TITLE OF PUBLICATION**

*Subtitle if applicable.*

By Author Name

Example Title Page Verso:

Published by Publishing Name.

Copyright © Copyright Holder

## ● Declaration

I confirm that the details provided on this form are an accurate representation of my / my company's intentions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## ● Fast Track Service Applicants Only

Please select only 1 option:

Please email the ISBN ☐

Please fax the ISBN ☐



Please provide information related to your first publication and the page samples you have submitted **only**.  
**PLEASE COMPLETE ALL SECTIONS WITH BLACK / BLUE PEN IN BLOCK CAPITALS AS THE FORM WILL BE SCANNED.**  
 \* Fields marked with an asterisk are mandatory.

<b>1</b> ISBN – the ISBN Agency will insert this for you for your first Publication.						Date of publication Day                      Month*                      Year*		
<b>2</b> Price £*						<b>3</b> Binding/format*		
<b>4</b> Name(s) of Author(s) and other Contributor(s) and Date(s) of birth if known. Surname first, followed by other names or initials. (We will assume ‘Author’ unless stated otherwise, e.g.: Editor, Illustrator, etc)								
<b>5</b> Translator(s) if applicable Surname first						Language from which translated		
<b>6</b> Title*  Subtitle (if applicable)								
<b>7</b> Size (in mms)* (HxW)	<b>8</b> No of pages		<b>9</b> No of volumes (if sold as a set)		<b>10</b> No & type of illustrations (if applicable)			
<b>11</b> Edition (If revised edition, please give no.)*					<b>12</b> Running time in minutes (for audiocassettes/CDs/ DVDs etc only).			
<b>13</b> Series details (if any)								
<b>14</b> Short Description of subject matter (for our classification purposes)*								
<b>15</b> If the book is Adult Fiction (x) General                      Romance                      War Historical                      Science Fiction                      Western Crime                      Short Stories                      Fantasy Erotic Fiction                      Horror                      Adventure					<b>16</b> Readership level (x)* Children                      Tertiary                      General Primary/Secondary                      ELT/TEFL                      Teenage Professional			
<b>17</b> Name and address of publisher*					<b>18</b> Name and address of distributor (if different from publisher)*			
<b>19</b> Orders address (if different from publisher/distributor)*								

