INTERNATIONAL STANDARD MUSIC NUMBER (ISMN) APPLICATION FORM

National Library Division
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"PLEASE FILL AND RETURN"

ISMN is used to identify publications of notated music

If you have no prefix and you wish to allocate ISMN to your new titles, we require knowing the information specified under items I-II below. If you decide to allocate your own Numbers, you may ignore section III.

I. Publishing Company Information

Company:

Full Address:

County: **Postal Code:** **Country:**

Email:

Website:

Phone Numbers:

Distribution Address *(if different from office one)*:

County: **Postal Code:** **Country:**

In order to assign the **ISMN PUBLISHER PREFIX IDENTIFIER** to your firm/institution we require the following information. *(We need to know this in order to assign you a suitable prefix. If you are responsible for only one title and not likely to publish any more, notify us to this effect).*

II. Publishing Details

Year you started publishing

Number of Titles Published in 2011

Number of Titles Published in 2012

Number of Titles Available in Print (*Backlist*)

Number of Titles Planned for 2013

Number of Titles Planned Per Year after 2014

(The ISMN Agency regrets that it is unable to allocate numbers to individual backlist title on a publisher's behalf)

Are you a subsidiary of another company? ◯ Yes ◯ No *If yes please give the parent company details below*

Parent Company Name & Address:

Parent Company ISMN Prefix:

Do you have any publishing subsidiaries in Kenya or any other country ? ◯ Yes ◯ No *If yes please give the details below (attach additional sheet if needed)*

Subsidiary 1 Name & Address:		**Subsidiary 1 ISMN Prefix:**	
Subsidiary 2 Name & Address:		**Subsidiary 2 ISMN Prefix:**	

Are you the sole distributor or representative of any foreign publisher(s)? ◯ Yes ◯ No *If yes please give the details below (attach additional sheet if needed)*

Publisher 1 Name & Address:		**Publisher 1 ISMN Prefix:**	
Publisher 2 Name & Address:		**Publisher 2 ISMN Prefix:**	

Does any other company in Kenya or in a foreign country represent you ◯ Yes ◯ No *If yes please give the details below (attach additional sheet if needed)*

Representative 1 Name & Address:		**Representative 2 Name & Address:**	

Book Details:
Indicate the title(s) of book(s) author's name, edition,(whether 1st, 2nd etc.) and binding (whether hardcover, paperback, etc.). If you are in any doubt, please wait until this is resolved. Otherwise there is a possibility that the same book will be allocated two numbers!

Full Name of ISMN Contact Person:
(*In your organization/firm)*

Official Stamp

Date:

The following documents should be attached to this application:
1. A copy of the title page(s)
2. A copy of verso page(s)
3. A copy of certificate of registration

Charges for ISMN are as follows:

Prefix	Cost (Ksh)
1 ISMN	500.00
10 ISMN	3,000.00
100 ISMN	10,000.00
1000 ISMN	25,000.00

Print Form