



(PLEASE FILL-OUT IN BLOCK LETTERS)

Date: \_\_\_\_\_



**PUBLISHER'S INFORMATION**

<b>*Publisher:</b> <i>(Name of Company/Institution)</i>		
<b>*Address:</b>		
<b>*Tel. No.:</b>	<b>Mobile No.:</b>	<b>*Email:</b>

**PUBLICATION'S INFORMATION**

<b>*a. Title of Publication:</b>	
<b>*b. Author:</b>	
<b>*c. Edition:</b>	<b>*d. Publication date:</b>
<b>*e. Language:</b>	<b>f. Subject:</b>
<b>g. Target Audience:</b>	<b>h. Suggested retail price:</b>
<b>*i. Form of Publication (check the appropriate format):</b> <input type="checkbox"/> Cloth <input type="checkbox"/> Hardbound <input type="checkbox"/> Softbound/Paperback <input type="checkbox"/> Softbound-Newsprint <input type="checkbox"/> CD/DVD <input type="checkbox"/> VCD <input type="checkbox"/> PDF <input type="checkbox"/> Mixed-Media Publication <input type="checkbox"/> EPUB <input type="checkbox"/> MOBI/KINDLE <input type="checkbox"/> Others (Please Specify) : _____	

( \* ) mandatory fields

Accomplished by: \_\_\_\_\_ Date \_\_\_\_\_  
Signature over Printed Name

**Processing Information:**

- ISBN application will be processed in **ONE (1) working day** upon completion of requirements.
- ISBN will be issued **ONLY** to the authorized company representative.

(Do not fill below the line)

-----  
**ISBN:**

This serves as your Official Certificate