



Regional ISBN Agency (CARICOM)  
Caribbean Community Secretariat  
P.O. Box 10827  
Turkeyen  
Greater Georgetown  
Guyana

## REQUEST FOR ISBN

**PLEASE USE BLOCK CAPITALS.**

**DO NOT REMIT ANY FEES UNTIL YOU HAVE BEEN INVOICED.**

Submit this application to the Regional/National Agency at least ten (10) working days prior to the intended date of publication.

<b>Title:</b>						
<b>Author:</b>						
<b>Name of Series (if any):</b>						
<b>Year of publication:</b>				<b>Number of pages:</b>		
<b>Number of volumes (if applicable):</b>				<b>Number of copies to be printed:</b>		
<b>Edition:</b> <input type="checkbox"/> New		<input type="checkbox"/> Revised		<input type="checkbox"/> Reprint (please state original date of publication):		
<b>Binding/Format:</b> <input type="checkbox"/> Hardcover		<input type="checkbox"/> Paperback		<input type="checkbox"/> CD	<input type="checkbox"/> E-book	<input type="checkbox"/> DVD
<input type="checkbox"/> Box set	<input type="checkbox"/> Kindle	<input type="checkbox"/> Braille	<input type="checkbox"/> Jacketed	<input type="checkbox"/> Kobo	<input type="checkbox"/> Other, please state:	
<b>Publisher's Name and Address:</b>						
<b>Tel</b> (Include country code):				<b>Mobile</b> (Include country code):		
<b>Fax</b> (Include country code):				<b>Email:</b>		
<b>Website:</b>						
<b>Signature of Publisher:</b>				<b>Date</b> (yyyy/mm/dd):		

### FOR AGENCY USE ONLY

<b>Amount paid:</b>		<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
<b>Cheque Information</b> (Financial Institution, Number and Date):			
<b>Fees paid for:</b> <input type="checkbox"/> Registration		<input type="checkbox"/> Processing	
<b>ISBN assigned:</b>			
<b>Date assigned:</b>		<b>Assigning Officer:</b>	

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