

# International Standard Music Numbers Application Form



## For mpa use

application ref no \_\_\_\_\_ date recd \_\_\_\_\_  
ISMNs format 3a 3b 3c 3d 3e for 3e, list of items enclosed? yes/no \_\_\_\_\_  
prefix(es) allocated \_\_\_\_\_ no of ISMNs allocated \_\_\_\_\_  
date cheque recd \_\_\_\_\_ invoice no \_\_\_\_\_  
date application accepted/confirmation sent to applicant \_\_\_\_\_  
notes \_\_\_\_\_

Please read the ISMN Users' Manual carefully, then complete using BLOCK CAPITALS

## Contact Details

Contact name for numbering \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

## Numbers Information

1. a. Is this the **first request** for ISMNs? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes complete b&c and go to question 3. If no go to question 2.
- b. **Total** number of ISMNs required for this application \_\_\_\_\_  
**Comprising** ISMNs required for existing publications:  
Current publications \_\_\_\_\_  
Back items \_\_\_\_\_  
Hire items \_\_\_\_\_  
Other items \_\_\_\_\_
- c. **Estimated** future ISMNs required over next 10-year period \_\_\_\_\_
2. a. I have already been allocated prefix(es) \_\_\_\_\_
- b. **Total** number of **additional** ISMNs required for this application \_\_\_\_\_

/please continue over

**Format**

## 3. How do you wish to receive your ISMNs?

Please tick one of the following

- a. Please supply me with a **publisher prefix**, from which I will generate my own ISMNs complete with check digits
- b. Please supply me with a **printed list** of ISMNs, complete with check digits, from which I will number my own publications
- c. Please supply me with a **floppy disk** listing my ISMNs, complete with check digits, from which I will number my own publications
- d. Please send my list of ISMNs, complete with check digits, **by email**
- e. Please **allocate ISMNs** to my items listed on the attached sheet (maximum of 100 current/projected items)

**note:**

It is suggested that current publications are numbered initially, with back items being numbered over a period. Applicants are asked not to structure numbers unnecessarily so that all ISMNs allocated are used effectively.

**Declaration**

**I confirm that I am responsible for the management of ISMNs and that any correspondence concerning ISMNs should be addressed for my attention**

Signed \_\_\_\_\_

Name (please print) \_\_\_\_\_

Position in company (if applicable) \_\_\_\_\_

Please return your completed application form, together with the Agreement and your cheque, to

**ISMN Administrator**  
**Music Publishers Association Ltd**  
**6<sup>th</sup> Floor, British Music House**  
**26 Berners Street**  
**London W1T 3LR**

Your application will be processed immediately upon receipt and the ISMN documentation and a receipted invoice will be sent to you as soon as possible. If there is no payment with this application, the mpa will immediately issue an invoice to cover the publisher prefix fee as indicated in schedule 1 to the Agreement. All documentation will then be issued to the applicant as soon as payment is received.

If you have any questions concerning ISMNs and/or completing this application form, please contact the ISMN Administrator:

Mrs Lois Clark  
T 020 7637 4052  
F 020 7637 3929  
E lclark@mpaonline.org.uk

revised 1/06

