



TalNet Independent Publisher

TALNET GROUP OF COMPANIES

APPLICATION FOR PUBLISHING- F1

HOW TO COMPLETE THIS FORM

APPLICANT NUMBER:

1. Please print boldly using block letters. All sections must be completed.
2. Use a black pen to fill out this form.
3. Fill-out in CAPITAL / UPPER-CASE.

4. This application is the property of TalNet Independent Publisher.
5. If there are sections which you do not understand, please call/whatsapp us on +263778312138

RETURN THE COMPLETED FORM TO: talnetpublishers@gmail.com

PERSONAL DETAILS:

Surname:	Given Names:
ID Number or Passport Number:	Title: Proff/Dr/Mr/Mrs/Miss/Ms:
Date of Birth: Day / Month / Year:	Sex: Female/Male
Citizenship:	Country of Birth:
Have you previously published a book with TalNet Publishers: YES/NO	
If yes, provide us with your applicant number.	

ADDRESS DETAILS:

Postal Address:	Home Address:
Tel:	Cell phone number:
Email Address (please write clearly):	

BOOK DETAILS:

Title:	
Sub title:	
Is this the first time to publish the book? YES/NO	If NO, when was the book published? Who published the book? Provide us with the ISBN.
Edition:	Genre:
Contributors: 1. 2. 3.	Purpose/Audience:

SERVICES DETAILS: (Please tick appropriate)

Line editing	Cover design
Content editing	Printing
Developmental editing	Print facilitation
ISBN	Typing of handwritten work
Formatting and Typesetting	Marketing and distribution

DECLARATION:

1. I herewith consent to the collection and processing of my personal information for the purposes of publishing progression, administration, support services and governance purposes.
2. I hereby declare that all the information I provided is true and I have verified it before submission.
Signature: _____ DATE: / /

FOR OFFICIAL USE ONLY:

Decision	
Package	Package identification
Checked by	Date Checked