



UNIVERSITY OF MALTA LIBRARY
PERIODICALS DEPARTMENT

DEPOSITORY FORM

JOURNAL DETAILS:

JOURNAL TITLE: _____

ARTICLE NAME: _____

VOLUME: _____

ISSUE/PART: _____

YEAR: _____

CONTACT DETAILS:

NAME: _____

TEL/MOB NO.: _____

EMAIL: _____

FOR OFFICE USE:

DATE: _____

SHELFMARK: _____

DEPOSITORY: _____