

BCRR FORM 2025-2

Supplemental Form for Additional Author/Creator/Copyright Owner/Licensee/Mortgagee

INSTRUCTIONS:

1. This form must be used for a single copyright work only with more than one author, copyright owner, licensee, or mortgagee.
2. Put (N/A) in the fields which are not applicable. For fields with boxes, use a checkmark (✓) to choose the applicable box.
3. Use additional BCRR FORM 2025-2 as needed.

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First Name	Middle Name (Put N/A if not applicable)	Surname	Suffix (Put N/A if not applicable)		
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International Standard Name Identifier Number (ISNI)	Name appearing in IPOPHL'S Copyright Search				
<input type="text"/>	Original Name Anonymous Pseudonym (Please indicate): _____ Pseudonym's ISNI Number: _____				
Nationality	Alien Certificate of Reg. No. (Put N/A if not applicable)	Date of Birth (YYYY/MM/DD)	Sex	Civil Status	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated/Divorced	
Is the author/creator/performer deceased? No Yes Date of Death (YYYY/MM/DD): _____					
FOR INSTITUTIONAL INFORMATION USE ONLY					
Name Of School/Company/Organization/Broadcaster		International Standard Name Identifier Number (ISNI)		Business Registration	
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International Standard Name Identifier Number (ISNI)	Name appearing in IPOPHL'S Copyright Search				
<input type="text"/>	Original Name Anonymous Pseudonym (Please indicate): _____ Pseudonym's ISNI Number: _____				
Nationality	Alien Certificate of Reg. No. (Put N/A if not applicable)	Date of Birth (YYYY/MM/DD)	Sex	Civil Status	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated/Divorced	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	