

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.

| | | | | |
|--|---|--|--|--|
| Number | The following information is for (Tick one box only) | | | |
| | <input type="checkbox"/> Co-author(s) | <input type="checkbox"/> Additional Copyright owner(s) | <input type="checkbox"/> Additional Licensee | <input type="checkbox"/> Additional Mortgagee |
| FOR INDIVIDUAL INFORMATION USE ONLY | | | | |
| First Name | Middle Name (Put N/A if not applicable) | Surname | Suffix (Put N/A if not applicable) | |
| AIRA LORAINNE | SANTOS | TORRES | | |
| International Standard Name Identifier Number (ISNI) | Name appearing in IPOPHL'S Copyright Search | | | |
| | <input type="checkbox"/> Original Name <input type="checkbox"/> Anonymous <input type="checkbox"/> 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 |
| FILIPINO | | 2002/09/06 | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated/Divorced |
| Is the author/creator/performer deceased? <input type="checkbox"/> No <input type="checkbox"/> 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 | | |
| | | <input type="checkbox"/> Registered with DTI <input type="checkbox"/> Registered with SEC <input type="checkbox"/> Not applicable <input type="checkbox"/> Other: _____ | | |
| CONTACT INFORMATION AND ADDRESS OF INDIVIDUAL OR INSTITUTION | | | | |
| Address (Street, Village, Subdivision, Barangay) | Municipality/City | Province/State | | |
| 736 Peñalosa St. Tondo, Manila | Manila City | Metro Manila | | |
| Region | Country | ZIP Code | Email Address | Contact Number |
| NCR | PHILIPPINES | 1012 | torres.al.bsinfotech@gmail.com | 0919-824-6351 |

| | | | | |
|--|---|--|--|--|
| Number | The following information is for (Tick one box only) | | | |
| | <input type="checkbox"/> Co-author(s) | <input type="checkbox"/> Additional Copyright owner(s) | <input type="checkbox"/> Additional Licensee | <input type="checkbox"/> Additional Mortgagee |
| FOR INDIVIDUAL INFORMATION USE ONLY | | | | |
| First Name | Middle Name (Put N/A if not applicable) | Surname | Suffix (Put N/A if not applicable) | |
| ELHIZE ELINETH | N/A | ARCAÑO | | |
| International Standard Name Identifier Number (ISNI) | Name appearing in IPOPHL'S Copyright Search | | | |
| | <input type="checkbox"/> Original Name <input type="checkbox"/> Anonymous <input type="checkbox"/> 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 |
| FILIPINO | | 2004/05/08 | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated/Divorced |
| Is the author/creator/performer deceased? <input type="checkbox"/> No <input type="checkbox"/> 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 | | |
| | | <input type="checkbox"/> Registered with DTI <input type="checkbox"/> Registered with SEC <input type="checkbox"/> Not applicable <input type="checkbox"/> Other: _____ | | |
| CONTACT INFORMATION AND ADDRESS OF INDIVIDUAL OR INSTITUTION | | | | |
| Address (Street, Village, Subdivision, Barangay) | Municipality/City | Province/State | | |
| 5421 Maui Oasis, Anonas St., Sta. Mesa, Manila | MANILA CITY | METRO MANILA | | |
| Region | Country | ZIP Code | Email Address | Contact Number |
| NCR | PHILIPPINES | 1016 | arcano.ee.bsinfotech@gmail.com | 0994-637-7970 |