



Intellectual Property Office of the Philippines
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For IPOPHL use only

Application No.	
Date Received	
Date Mailed	
IPSO / ITSO Code	

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NATURE OF WORK			
Title		Classification of Work	
Date of Creation (mm/dd/yyyy)		Place of Creation	
Is the work published? Yes No Is the work local or foreign submission? Local Foreign Is the work an Indigenous Knowledge and System and Practice (IKSP) or derived from IKSP? Yes No If Yes, please state source:			
APPLICANT INFORMATION (For Individual applicants, you may skip Name of Company/Government/School and Position fields)			
Type of Applicant Heir Assignee Employer Author / Creator			
Name of Company / Corporation / Government Agency / School			
Position		Sex Male Female	
Last Name	First Name	Middle Name	
Date of Birth / Date of Incorporation if Corp. (mm/dd/yyyy)		Civil Status Single Married Widow Divorced / Separated	
Address (Complete street info, village, subdivision, barangay)			
Town / City	Province / State	Zip Code	Country of Residence
Contact No.	Email Address	Nationality / Citizenship ACR No. (For non-Filipinos) _____	
* At least one Applicant is mandatory To add more applicants, please use, IPOPHL Form 110 – Supplemental Sheet			
AUTHOR / CREATOR INFORMATION (You may skip if same as above)			
Last Name	First Name	Middle Name	Sex Male Female
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Civil Status Single Married Widow Divorced / Separated	
Address (Complete street info, village, subdivision, barangay)			
Town / City	Province / State	Zip Code	Country of Residence
Contact No.	Email Address	Nationality / Citizenship ACR No. (For non-Filipinos) _____	
* At least one Applicant is mandatory To add more applicants, please use, IPOPHL Form 110 – Supplemental Sheet			
CERTIFICATES			
No. of Certificates (to print) _____			
DOCUMENTS SUBMITTED			
<input type="checkbox"/> Deed of Assignment <input type="checkbox"/> Birth Certificate (for Children Heirs) <input type="checkbox"/> Marriage Certificate (for Spouse Heirs)		<input type="checkbox"/> Special Power of Attorney (for Agents) <input type="checkbox"/> Death Certificate (if Author is deceased) <input type="checkbox"/> Other document/s (please specify) : _____	
IPOP HL PRIVACY STATEMENT AS PER RA 10173 ALSO KNOWN AS "DATA PRIVACY ACT OF 2012" AND SIGNATURE			
Agree Disagree By ticking the AGREE box and affixing my signature to the right, I understand that I am giving consent to the collection, storage, sharing and other necessary processing of the personal information contained in this application, freely and voluntarily, to the Intellectual Property Office of the Philippines (IPOP HL) and its partners, in the exercise of its mandate as the lead government agency for the protection of IP rights and in compliance with the provisions of RA 10173, also known as, the Data Privacy Act of 2012.		I declare that all the information provided above are true and correct to the best of my knowledge. _____ SIGNATURE OVER PRINTED NAME	