



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 "HarvestHelper" Mobile Farming Application	Classification of Work
Date of Creation (mm/dd/yyyy) 10-14-2025	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 <input type="radio"/> Heir <input type="radio"/> Assignee <input type="radio"/> Employer <input type="radio"/> Author / Creator			
Name of Company / Corporation / Government Agency / School CAMARINES NORTE STATE COLLEGE			
Position TEACHING STAFF	Sex <input type="radio"/> Male <input type="radio"/> Female		
Last Name CATUBIG	First Name JORDAN	Middle Name SANTOS	
Date of Birth / Date of Incorporation if Corp. (mm/dd/yyyy) 08-29-2004	Civil Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow <input type="radio"/> Divorced / Separated		
Address (Complete street info, village, subdivision, barangay) BRGY UNO ZALDUA STREET TAFT ILAO			
Town / City DAET	Province / State CAMARINES NORTE	Zip Code 4600	Country of Residence PHILIPINES
Contact No. 098765433	Email Address jordansantos@gmail.com	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 <input type="radio"/> Male <input type="radio"/> Female
Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)	Civil Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widow <input type="radio"/> 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) _____	

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CERTIFICATES

No. of Certificates (to print) 1	
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) : _____

IPOPHL PRIVACY STATEMENT AS PER RA 10173 ALSO KNOWN AS "DATA PRIVACY ACT OF 2012" AND SIGNATURE

<input type="radio"/> Agree <input type="radio"/> Disagree	I declare that all the information provided above are true and correct to the best of my knowledge.
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 (IPOPHL) 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.	SIGNATURE OVER PRINTED NAME