



Intellectual Property Office of the Philippines
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For IPOP HL use only

Application No.	
Date Received	
Date Mailed	
IPSO / ITSO Code	

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NATURE OF WORK			
Title The Novel: "Chronicles of the Starfall City		Classification of Work	
Date of Creation (mm/dd/yyyy) 10-14-2025		Place of Creation	
Is the work published? <input type="radio"/> Yes <input type="radio"/> No Is the work local or foreign submission? <input type="radio"/> Local <input type="radio"/> Foreign Is the work an Indigenous Knowledge and System and Practice (IKSP) or derived from IKSP? <input type="radio"/> Yes <input type="radio"/> 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 ILAOD			
Town / City DAET	Province / State CAMARINES NORTE	Zip Code 4600	Country of Residence PHILIPPINES
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, IPOP HL 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) _____	
* At least one Applicant is mandatory To add more applicants, please use, IPOP HL Form 110 – Supplemental Sheet			
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) : _____	
IPOP HL PRIVACY STATEMENT AS PER RA 10173 ALSO KNOWN AS "DATA PRIVACY ACT OF 2012" AND SIGNATURE			
<input checked="" type="radio"/> Agree <input type="radio"/> 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	