



Intellectual Property Office of the Philippines
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For IPOP HL use only

| | |
|------------------|--|
| Application No. | |
| Date Received | |
| Date Mailed | |
| IPSO / ITSO Code | |

COPYRIGHT REGISTRATION AND DEPOSIT FORM

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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? <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 | |