



SUPPLEMENTAL FORM FOR ADDITIONAL AUTHOR/CREATOR/
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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): Co-author(s) Additional Copyright owner(s) Additional Licensee Additional Mortgagee

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INTERNATIONAL STANDARD NAME IDENTIFIER NUMBER (ISNI)	NAME APPEARING IN IPOPHL'S COPYRIGHT SEARCH
<input type="text"/>	<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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated/Divorced

Is the author/creator/performer deceased? | NO YES | Date of Death (YYYY/MM/DD): _____

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NAME OF SCHOOL/COMPANY/ORGANIZATION/BROADCASTER	INTERNATIONAL STANDARD NAME IDENTIFIER NUMBER (ISNI)	BUSINESS REGISTRATION
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Registered with DTI <input type="checkbox"/> Registered with SEC <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:

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ADDRESS (Street, Village, Subd., Barangay)	MUNICIPALITY/CITY	PROVINCE/STATE
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REGION	COUNTRY	ZIP CODE	EMAIL ADDRESS	CONTACT NUMBER
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