



SUPPLEMENTAL FORM FOR ADDITIONAL AUTHOR/CREATOR/
COPYRIGHT OWNER/LICENSEE/MORTGAGEE

INSTRUCTIONS:

- This form must be used for a **single copyright work** only with **more than one author, copyright owner, licensee, or mortgagee**.
- Put (N/A) in the fields which are not applicable. For fields with boxes, use a checkmark (✓) to choose the applicable box.
- 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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FIRST NAME	MIDDLE NAME (Put N/A if not applicable)	SURNAME	SUFFIX (Put N/A if not applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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): <input type="text"/> Pseudonym's ISNI Number: <input type="text"/>			
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? <input type="checkbox"/> NO <input type="checkbox"/> YES Date of Death (YYYY/MM/DD): <input type="text"/>				

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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:

CONTACT INFORMATION AND ADDRESS OF INDIVIDUAL OR INSTITUTION

ADDRESS (Street, Village, Subd., Barangay)		MUNICIPALITY/CITY	PROVINCE/STATE	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
REGION	COUNTRY	ZIP CODE	EMAIL ADDRESS	CONTACT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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