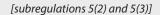


# **INTELLECTUAL PROPERTY CORPORATION OF MALAYSIA**An agency under the Ministry of Domestic Trade and Consumer Affairs

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Application No:







\* Required to be filled in

CR - 1	
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Name of the Language :   PLEASE FILL IN (Language use in the work)	
*Section A : Category of Works (Please tick only ONE category of work in item (i) or (ii)	)
(i) Copyright Work	
Literary Musical Artistic Film Sound Recording B	roadcast (Applicable only for broadcasters)
(ii) Derivative Work	
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Date of Creation / Fixation :    /    /    DATE THE WC	ORK FINISHED
Section B : Publication	
The Work is : Published Unpublished PLEA	SE TICK ONLY ON
If published :         /    /    (please state date first published) (Year of Compilation) (Date of first publication)	& FILL IN Country)
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Name :	
I.C / Passport No. :   IF MORE THAN ONE AUTHOR,	PLEASE LEAVE
Address :   THIS SECTION BLANK AND US	E ATTACHMENT
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Postcode : City : Na	ationality:
State :   Co	ountry :
E-mail : Da	te of Death:    /    /
Telephone No. : Fax No.:	

PAGE 1 OF 3

Section D. Owner (1	Note. to add additional owners, please attach separate sheet)	
Name :		- 2/
I.C / Passport No. :		×10/4
OR		CITY
Company Name :	5	
Company . Registration No.	1	
Address :		
	L ME'	
Postcode :	City :	Nationality:
State :	~ 10.	Country :
Telephone No.	E-mail:	Fax No. :
	,	
Section E : Licensee (	(Section D must be filled in)	
Name :	<u> </u>	
I.C / Passport No. :		
<b>OR</b> Company Name :	I	
Company		CTIONI
Registration No.	ONLY FILL IN THIS SE	
Address :	IF RELEVANT	
Postcode :	City :	Nationality:
State :		Country :
Telephone No. :		Fax No. :
Date of Agreement	:	·
Duration of Agreeme	ent :    /    /   until    /    /	I
	greement(s) or supporting document(s)	
riease provide copy or ag	reement(s) of supporting document(s)	
*Section F : Contact P	erson	
Nome	I	140
Name : I.C / Passport No. :	<u> </u>	-CTION
1.0 / 1 dooport 140.		3601.
Address :	- THIS '	
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Postcode :	City:	Nationality:
State	<u>U 17 - </u>	Country :
Telephone No.	E-mail:	Fax No. :
* Required to be filled in		

*Section G : Declaration		
I/We hereby declare that the applicant is the owner of the cop	pyright in the wor	rk.
Signature,  (	EASE	SIGN AND STAMP
*Section I : Mode of Delivery for Certificate	SE TIC	K ONLY ONE
	T AME	ND THIS SECTIO
Payment Received Acknowledged by,  DO NOT F  ()  Officer's Name : Date (dd/mm/yy) :  *Required to be filled in  All correspondence should be addressed to :	ILL IN <sup>-</sup>	THIS SECTION
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#### **ATTACHMENT FOR CR FORM (SECTION C: AUTHORS)**

#### **LIST OF THE AUTHORS:**

## A. Main author: Name : | I.C / Passport No. : | Nationality : | Position/Designation : | Address (School / Center/ PTJ) : | : | Tel No : | **Email** : | Fax No. Date of Death : | (if applicable only) B. Co author: Name : | I.C / Passport No. : | Nationality : | Position/Designation : | Address (School / Center/ PTJ) : | Tel No : | **Email** : | Fax No. : | Date of Death

(if applicable only)

Name	:	
I.C / Passport No.	:	
Nationality	:	
Position/Designation	:	
Address (School / Center/ PTJ)	:	
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Tel No Email Fax No.	: :	
Date of Death (If applicable only)	:	
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Name	:	
Name  I.C / Passport No.	:	
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I.C / Passport No.  Nationality  Position/Designation  Address (School / Center/ PTJ)	: : : : :	
I.C / Passport No.  Nationality  Position/Designation  Address (School / Center/ PTJ)  Tel No	: : : : : :	