



CR - 1

Application No:

Applicant :

\*Title of work (Original language) : PLEASE FILL IN TITLE OF THE WORK

Translation (If the title of work is neither in Bahasa nor English) : FILL IN IF APPLICABLE

Transliteration (If the title of work is neither in Bahasa nor English) : FILL IN IF APPLICABLE

Name of the Language (Language use in the work) : PLEASE FILL IN

\*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  Broadcast (Applicable only for broadcasters)

(ii) Derivative Work

Translation  Adaptation  Arrangement  Collection of work or compilation of mere data (database)  Other transformation of work eligible for copyright

Date of Creation / Fixation : DATE THE WORK FINISHED

Section B : Publication

The Work is :  Published  Unpublished PLEASE TICK ONLY ONE & FILL IN

If published : (please state date first published) (Year of Compilation) (Date of first publication) (Country)

\*Section C : Author (Note : i. Author is an individual person, not a company. To add additional authors, please attach separate sheet : ii. If author is anonymous, please state name of legal representative)

Name :

I.C / Passport No. : IF MORE THAN ONE AUTHOR, PLEASE LEAVE THIS SECTION BLANK AND USE ATTACHMENT FOR CR FORM (SECTION C)

Address :

Postcode : City : Nationality :

State : Country :

E-mail : Date of Death :

Telephone No. : Fax No.:

**\*Section D : Owner** (Note: to add additional owners, please attach separate sheet)

Name : \_\_\_\_\_  
I.C / Passport No. : \_\_\_\_\_  
**OR**  
Company Name : \_\_\_\_\_  
Company Registration No. : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode : \_\_\_\_\_ City : \_\_\_\_\_ Nationality : \_\_\_\_\_  
State : \_\_\_\_\_ Country : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_ E-mail : \_\_\_\_\_ Fax No. : \_\_\_\_\_

**DO NOT AMEND THIS SECTION**

**Section E : Licensee (Section D must be filled in)**

Name : \_\_\_\_\_  
I.C / Passport No. : \_\_\_\_\_  
**OR**  
Company Name : \_\_\_\_\_  
Company Registration No. : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode : \_\_\_\_\_ City : \_\_\_\_\_ Nationality : \_\_\_\_\_  
State : \_\_\_\_\_ Country : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_ E-mail : \_\_\_\_\_ Fax No. : \_\_\_\_\_  
Date of Agreement : \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Duration of Agreement : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ONLY FILL IN THIS SECTION  
IF RELEVANT**

*Please provide copy of agreement(s) or supporting document(s)*

**\*Section F : Contact Person**

Name : \_\_\_\_\_  
I.C / Passport No. : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode : \_\_\_\_\_ City : \_\_\_\_\_ Nationality : \_\_\_\_\_  
State : \_\_\_\_\_ Country : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_ E-mail : \_\_\_\_\_ Fax No. : \_\_\_\_\_

**DO NOT AMEND THIS SECTION**

*\* Required to be filled in*

**\*Section G : Declaration**

---

I/We hereby declare that the applicant is the owner of the copyright in the work.

Signature,

()

Name :

Date (dd/mm/yy) :



**PLEASE SIGN AND STAMP**

**\*Section H : Language of Certificate**

---

Malay

English

**PLEASE TICK ONLY ONE**

**\*Section I : Mode of Delivery for Certificate**

---

Self-Collection

By Post

**DO NOT AMEND THIS SECTION**

**\*Section J : Official Use**

---

Payment Received

Acknowledged by,

**DO NOT FILL IN THIS SECTION**

(.....)

Officer's Name :

Date (dd/mm/yy) :

*\*Required to be filled in*

**All correspondence should be addressed to :**

Copyright Division,  
Intellectual Property Corporation of Malaysia (MyIPO)  
Aras 18, Tower B,  
Menara UOA Bangsar,  
No. 5 Jalan Bangsar Utama 1,  
59000 Kuala Lumpur.

Telephone : +603 - 2299 8400  
Fax : +603 - 2299 8989  
Website : <http://www.myipo.gov.my>  
E-Mail : [infocopyright@myipo.gov.my](mailto:infocopyright@myipo.gov.my)

**Disclaimer:** Applicant are reminded to give full and accurate information while filling in the particulars in this form. Any inaccuracy in the information given is on the applicant's own volition. MyIPO cannot be held responsible or held liable for the wrong information recorded.

**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) : |  
: |  
: |  
Tel No : |  
Email : |  
Fax No. : |  
Date of Death : |  
(If applicable only)

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