

## **ORG**Office of the Registrar General



## APPLICATION OF REGISTRATION OF OPPOSITION IN COPYRIGHT

## THE INTELLECTUAL PROPERTY LAW N° 31/2009 of 26/10/2009 ARTICLE 13

I. Application	
□ New Application (Fill in all relevant fields)	
II. Opposition	
Application No.:	
Copyright registration No.:	
Title of Work:	
Category of Work:	
Literature   Artistic	
Dramatic	
Date of first application: \( \square \square \square \) \( (\date/month/year) \)	
Material support:	
ISBN code: (for books only)	
Description of the ground(s) of opposition:	

II. Applicant information(Please cross out the type of applicant and fill in the required information accordingly)

Natural person

□Natural person	Urganization
ID document (ID card or passport):	Company code/Enterprise code:
	Company code/ Enterprise code:
ID document number:	OR
	Registration number:
Country:	
First name:	Registered Name:
This hame.	
Middle name:	
Last name:	
Address (Residence address if Person OR Head office address if Organization/ Foreigne	ers fill in only Phone-Email-Country-Province/City)
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
	P. O. Box:
District:	F. O. BOX.
TD 44' 6 1' 4	
Representative of applicant	
ID document (ID card or passport): First Name:	
ID document number: Middle Name:	
D document number.	
Country: Last Name:	
Address (Foreigners fill in only Phone-Email-Country-Province/City)	
Di	C
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
	P. O. Box:
District:	

III. Author information (must be natural person(s))  □Author is the applicant (Please cross out if owner is the s	same as applicant)
(Please cross out the type of person and fill in the required information acco	
are more than one, please add new page)	
□Natural person	
ID document (ID card or passport):	٦
document (in card of passport).	
ID document number:	
Country:	
First name:	
Middle name:	
Last name:	
Address (Residence address if Person OR Head office address if Organization/ Forei	l gners fill in only Phone-Email-Country-Province/City)
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
Trovince.	
District:	P. O. Box:
W. Haldan information	
IV. Holder information  □Author is the Holder (Please cross out if Holder is the	sama as applicant)
(Please cross out the type of author and fill in the required information accounts)	,
are more than one, please add new page)	raingly if it is aifferent from applicant. If Holder(s)
□Natural person	$\Box$ Organization
ID downward (ID)	Community Texture in solution
ID document (ID card or passport):	Company code/Enterprise code:
ID document number:	OR
	Registration number:
Country:	
	Registered Name:
First name:	Itegistered Ivanie.
Middle name:	
Last name:	

Address (Residence address if Person OR Head office address if Organization/ Foreign	ners fill in only Phone-Email-Country-Province/City)
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
	D.O. D.
District:	P. O. Box:
V. Attachments	
☐ Fee payment receipt slip	
□Copy of ID document	
□Power of attorney	
☐ Certificate of Registration	
Other (evidences)	
Signatures	
I hereby certify that the information given to the best of my knowledge	ge is true, complete and all signatures in the
attachments are made by the persons stated. I also understand that a	ny false declaration may lead to prosecution.
Date: Applicant's Signature:	