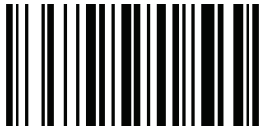




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NOTIFICATION OF WORKS

[subregulation 5(2) and 5(3)]



CR - 1

Application No :

Applicant :

Owner Author Licensee

Title of work : _____
(Original language)

Translation : _____

Transliteration : _____

Name of the Language : _____
(*Language that been used in the work)

If published in a periodical : _____ / _____ / _____
or serial (Literary Work) (Volume / Number) (Issue Date) (On Pages)

Section A : Type of Works

Literary Musical Sound Recording Artistic Film Broadcast

Date of Fixation / First Published / Erected / Incorporated / Broadcasted : ____ / ____ / ____

Section B : Publication

The Work is : Published Unpublished

If published : _____ / ____ / ____ / ____
(Year of Compilation) (Date of first publication) (Country)

Section C : Author (If author is "same as owner" go to Part D - if more than one author, please attach a list of names and addresses of all the author)

Name : SEPERTI DI LAMPIRAN 1

National Identification No: SEPERTI DI LAMPIRAN 1
/ Passport No

Address 1 : SEPERTI DI LAMPIRAN 1

Address 2 : SEPERTI DI LAMPIRAN 1

Address 3 : SEPERTI DI LAMPIRAN 1

Postcode : SEPERTI DI LAMPIRAN 1 City : SEPERTI DI LAMPIRAN 1 Nationality : SEPERTI DI LAMPIRAN 1

State : SEPERTI DI LAMPIRAN 1 Country : SEPERTI DI LAMPIRAN 1

Telephone No. : SEPERTI DI LAMPIRAN 1 E-Mail : SEPERTI DI LAMPIRAN 1 *Date of Death : ____ / ____ / ____

Fax No. : _____

Section D : Owner (If more than one owner, please use the attachment)

Please tick (✓) if Owner is same as Author

Name : _____

National Identification No: _____
/ Passport No

Company Name : _____

Company Registration No. : _____

Address 1 : _____

Address 2 : _____

Address 3 : _____

Postcode : _____ City : _____ Nationality : _____

State : _____ Country : _____

Telephone No. : _____ E-Mail : _____ Fax No. : _____

Section E : Licensee (Section D must be fill in)

Name : _____

National Identification No: _____
/ Passport No

Company Name : _____

Company Registration No. : _____

Address 1 : _____

Address 2 : _____

Address 3 : _____

Postcode : _____ City : _____ Nationality : _____

State : _____ Country : _____

Telephone No. : _____ E-Mail : _____ Fax No. : _____

Date of Agreement : ____/____/____

Period of Agreement : ____/____/____ until ____/____/____

Please provide copy of agreement(s)

Section F : Contact Person

Please tick (✓) if information below should be copied from Section D. Proceed to Section G

Name : _____

National Identification No: _____ / Passport No

Company Name : _____

Company Registration No. : _____

Address 1 : _____

Address 2 : _____

Address 3 : _____

Postcode : _____ City : _____ Nationality : _____

State : _____ Country : _____

Telephone No. : _____ E-Mail : _____ Fax No. : _____

Section G : Declaration

I hereby granted my works to be viewed by public for research and educational purpose : Yes No

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- Owner of the copyright in the work
- Licensee of copyright the work (Please provide adequate related document(s))

Signature,

(.....)
 Name : PROF. DATO' SERI DR. MOHAMED MUSTAFA BIN ISHAK
 Date (dd/mm/yy) :

Section H : Official Use

Payment Received

Acknowledged by,

(.....)
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