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## APPLICATION FOR REGISTRATION OF OPTICAL MEDIA BUSINESS

<b>REGISTERED BUSINESS/TRADE NAME</b>		<b>TYPE OF ORGANIZATION</b>	
<b>BUSINESS ADDRESS</b>		<input type="checkbox"/> SINGLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP	
		<b>DTI REGISTRATION NO.</b>	
		<b>SEC REGISTRATION NO.</b>	
UNIT NO./FLOOR	NO.	STREET	BARANGAY
CITY/MUNICIPALITY	PROVINCE	ZIP CODE	
<b>NAME OF APPLICANT</b>		<b>POSITION</b>	
<b>RESIDENCE ADDRESS</b>		<input type="checkbox"/> REGISTERED OWNER, IF SINGLE PROPRIETORSHIP  <input type="checkbox"/> PRESIDENT OR GENERAL MANAGER IF CORPORATION  <input type="checkbox"/> ALL PARTNERS, IF PARTNERSHIP (ADD PAGES AS NECESSARY)	
		UNIT NO./FLOOR	
		NO.	
UNIT NO./FLOOR	NO.	STREET	BARANGAY
CITY/MUNICIPALITY	PROVINCE	ZIP CODE	
<b>CONTACT DETAILS</b>		LANDLINE/S	CELLPHONE NUMBER/S
FAX NUMBER/S	E-MAIL ADDRESS/WEBSITE	T.I.N.	SSS EMPLOYER ID NO.

### OPTICAL MEDIA BUSINESS TO BE ENGAGED IN (IMPORTANT: SEE ADDITIONAL REQUIREMENTS)

<b>OPTICAL MEDIA</b> <input type="checkbox"/> PRODUCER OR COPYRIGHT OWNER <input type="checkbox"/> LOCAL LICENSEE <input type="checkbox"/> IMPORTER <input type="checkbox"/> EXPORTER <b>CONTENT: (CHECK APPLICABLE)</b> <input type="checkbox"/> FILM PRODUCTS <input type="checkbox"/> MUSIC PRODUCTS <input type="checkbox"/> GAMES/APPLICATIONS SOFTWARE <input type="checkbox"/> BUSINESS SOFTWARE <input type="checkbox"/> BOOK ON DISC <input type="checkbox"/> OTHERS _____  <input type="checkbox"/> REPLICATOR <input type="checkbox"/> DUPLICATOR (CD-BURNING SERVICE)	<b>MANUFACTURING EQUIPMENT</b> <input type="checkbox"/> PRODUCER/FABRICATOR <input type="checkbox"/> IMPORTER <input type="checkbox"/> EXPORTER <input type="checkbox"/> EXCLUSIVE DEALER/SALES REPRESENTATIVE <input type="checkbox"/> NON-EXCLUSIVE DEALER/SALES REPRESENTATIVE <input type="checkbox"/> OTHERS _____  <b>EQUIPMENT: (CHECK APPLICABLE)</b> <input type="checkbox"/> REPLICATING EQUIPMENT <input type="checkbox"/> METALLIZING/DOWNSTREAM <input type="checkbox"/> PRINTING EQUIPMENT <input type="checkbox"/> OTHERS _____	<b>MANUFACTURING MATERIALS</b> <input type="checkbox"/> PRODUCER/MANUFACTURER <input type="checkbox"/> IMPORTER <input type="checkbox"/> EXPORTER <input type="checkbox"/> EXCLUSIVE DEALER/SALES REPRESENTATIVE <input type="checkbox"/> NON-EXCLUSIVE DEALER/SALES REPRESENTATIVE <input type="checkbox"/> OTHERS _____  <b>EQUIPMENT: (CHECK APPLICABLE)</b> <input type="checkbox"/> OPTICAL-GRADE POLYCARBONATE <input type="checkbox"/> ADHESIVES, LACQUERS, CHEMICALS <input type="checkbox"/> PAINTS/INKS <input type="checkbox"/> OTHERS _____
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Republic of the Philippines  
\_\_\_\_\_ s.s.

#### AFFIDAVIT OF UNDERTAKING

I hereby certify under oath that the information supplied hereunder, and in the additional requirements I have submitted, and will submit in the future, are true of my own knowledge and belief. I UNDERSTAND THAT THIS APPLICATION AND THE CERTIFICATE OF REGISTRATION TO BE ISSUED TO ME IS NOT A LICENSE NOR AN AUTHORITY TO ENGAGE IN ANY BUSINESS REGULATED UNDER R.A. 9239 AND THE IMPLEMENTING RULES AND REGULATIONS THEREOF, AND I UNDERTAKE TO OBTAIN A SEPARATE LICENSE FOR EACH ACT FOR WHICH SAID LICENSE IS REQUIRED. I likewise understand that this application is subject to all such additional requirement as may be issued by the Optical Media Board and that such additional requirements form part and parcel of the application requirements. I hereby authorize the Optical Media Board or its designated representative to verify all information and documentation submitted hereunder. I undertake to update the information provided hereunder at least once a year or whenever required by the Board, to keep records of all transactions for a period of five (5) years and to abide in good faith with R.A. 9239, its implementing rules and regulations, all issuances of the Optical Media Board, and all other laws of the Republic of the Philippines.

SIGNATURE OVER PRINTED NAME OF APPLICANT

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Affiant exhibiting to me his/her Community Tax Certificate/Passport No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_

<b>AMOUNT DUE</b>	<b>VERIFIED BY</b>
<b>ASSESSED BY</b>	<b>REVIEWED BY</b>
<b>O.R. NO.</b>	<b>RECORDED BY</b>