

REPLICATION PERMIT APPLICATION FORM



Office of the President of the Philippines
OPTICAL MEDIA BOARD

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PLEASE ACCOMPLISH ALL NECESSARY INFORMATION.

APPLICATION FOR REPLICATION PERMIT

APPLICATION NO.	BUSINESS NAME	TEL. NO/s
DATE OF APPLICATION	BUSINESS ADDRESS	FAX NO/s
OMB LICENSE NO.	NAME OF APPLICANT	POSITION
LICENSE VALIDITY	SOURCE OF RIGHTS	NAME
TYPE OF ACQUIRED LICENSE/S <input type="checkbox"/> PRODUCER/COPYRIGHT OWNER <input type="checkbox"/> LOCAL LICENSEE <input type="checkbox"/> IMPORTER <input type="checkbox"/> EXPORTER <input type="checkbox"/> OTHERS _____	AUTHORIZED REPRODUCER	NAME
		ADDRESS
		ADDRESS
		CONTRACT VALIDITY FROM TO:
		LICENSE PERIOD FROM TO:

OPTICAL MEDIA INFORMATION

VIDEO TITLE / MUSIC ALBUM / SOFTWARE					CONTENT TYPE <input type="checkbox"/> FILM / MOVIES <input type="checkbox"/> CARTOONS / ANIMATION <input type="checkbox"/> EDUCATIONAL / INSTRUCTIONAL <input type="checkbox"/> DOCUMENTARY <input type="checkbox"/> MUSIC <input type="checkbox"/> MUSIC / VIDEO / KARAKE <input type="checkbox"/> APPLICATION SOFTWARE <input type="checkbox"/> GAMES SOFTWARE <input type="checkbox"/> OTHERS (SPECIFY) _____
ARTISTS/MAIN CAST					
AUTHOR/PRODUCER					
DIRECTOR/PUBLISHER/OTHER INFORMATION/S					
TYPE OF APPLICATION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NON-COMMERCIAL <input type="checkbox"/> OTHERS _____	FORMAT/S	QUANTITY	MTRCB RATING	LANGUAGE/S	

(USE ADDITIONAL SHEET IF NECESSARY)

FOR MUSIC ALBUM: INDICATE LIST OF SONGS & THE NAME OF RECORDING ARTIST/S
FOR SOFTWARE: DESCRIPTION OF THE SOFTWARE

UNDERTAKING

I HEREBY CERTIFY TO THE TRUTH AND CORRECTNESS OF THE ABOVE INFORMATION UNDER PAIN OF PERJURY.

I UNDERSTAND THAT ANY FALSE STATEMENT MAY BE A GROUND FOR DENIAL OF APPLICATION OR REVOCATION OF THE COMMERCIAL PERMIT AND/OR THE REGISTRATION AND LICENSE TO ENGAGE IN ANY OPTICAL MEDIA BUSINESS, AND/OR WILL BE SUBJECT TO THE PENAL AND ADMINISTRATIVE PROVISIONS OF R.A. 9239 AND ITS IMPLEMENTING RULES AND REGULATIONS.

PRINTED NAME OVER SIGNATURE OF PERSON APPLYING

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ AT _____

AFFIANT HAVING EXHIBITED TO ME HIS/HER RESIDENCE CERTIFICATE NO. _____ ISSUED AT _____ ON _____

DOC. NO. _____
PAGE NO. _____
BOOK NO. _____
SERIES OF 20 _____

ADMINISTERING OFFICER/NOTARY PUBLIC

FOR OMB USE ONLY PLS. DO NOT FILL UP THIS PORTION

RECORDATION FEE	VERIFICATION FEE	PERMIT TO REPLICATE FEE	OTHERS
O.R. NO.:	O.R. NO.:	O.R. NO.:	O.R. NO.:
AMOUNT PAID	AMOUNT PAID	AMOUNT PAID	AMOUNT PAID
DATE	DATE	DATE	DATE

NOTICE

NON-SUBMISSION OR NON-COMPLETION OF THE REQUIREMENTS MAY RESULT IN THE DELAY OR DENIAL OF YOUR APPLICATION.
THE OMB RESERVES THE RIGHT TO ASK FOR ADDITIONAL REQUIREMENTS AS NEEDED.

OMB FORM NO.2 / 10.26.06 / CalRyl