



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	<input type="checkbox"/>	Artistic	<input type="checkbox"/>
Dramatic	<input type="checkbox"/>	Scientific	<input type="checkbox"/>

Date of first application: (*date/month/year*)

Material support:-----

ISBN code: (for books only).....

Description of the ground(s) of opposition:

III. Author information (must be natural person(s))

Author is the applicant (Please cross out if owner is the same as applicant)

(Please cross out the type of person and fill in the required information accordingly if it is different from applicant. If authors are more than one, please add new page)

Natural person

ID document (ID card or passport):
<input type="text"/>
ID document number:
<input type="text"/>
Country:
<input type="text"/>
First name:
<input type="text"/>
Middle name:
<input type="text"/>
Last name:
<input type="text"/>

Address (Residence address if Person OR Head office address if Organization/ Foreigners fill in only Phone-Email-Country-Province/City)

Phone:	<input type="text"/>	Sector:	<input type="text"/>
Email:	<input type="text"/>	Cell:	<input type="text"/>
Country:	<input type="text"/>	Street name and house number:	<input type="text"/>
Province:	<input type="text"/>	P. O. Box:	<input type="text"/>
District:	<input type="text"/>		

IV. Holder information

Author is the Holder (Please cross out if Holder is the same as applicant)

(Please cross out the type of author and fill in the required information accordingly if it is different from applicant. If Holder(s) are more than one, please add new page)

Natural person

Organization

ID document (ID card or passport):
<input type="text"/>
ID document number:
<input type="text"/>
Country:
<input type="text"/>
First name:
<input type="text"/>
Middle name:
<input type="text"/>
Last name:
<input type="text"/>

Company code/Enterprise code:
<input type="text"/>
OR
Registration number:
<input type="text"/>
Registered Name:
<input type="text"/>
<input type="text"/>
<input type="text"/>

