


APPLICATION FORM FOR REGISTRATION

	Republic of the Philippines Office of the President OPTICAL MEDIA BOARD #35 Scout Limbaga St., Bgy. Laging Handa Quezon City 1103 Philippines Tel. No. 374-1393/374-0217	REGISTRATION NO. _____
TYPE OR PRINT LEGIBLY. THIS FORM IS PROVIDED FREE OF CHARGE AND MAY BE PHOTOCOPIED.		
APPLICATION FOR REGISTRATION OF OPTICAL MEDIA BUSINESS		
REGISTERED BUSINESS/TRADE NAME <hr/> BUSINESS ADDRESS UNIT NO./FLOOR _____ NO. _____ STREET _____ BARANGAY _____ CITY/MUNICIPALITY _____ PROVINCE _____ ZIP CODE _____	TYPE OF ORGANIZATION <input type="checkbox"/> SINGLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP DTI REGISTRATION NO. _____ SEC REGISTRATION NO. _____	
NAME OF APPLICANT <hr/> RESIDENCE ADDRESS UNIT NO./FLOOR _____ NO. _____ STREET _____ BARANGAY _____ CITY/MUNICIPALITY _____ PROVINCE _____ ZIP CODE _____	POSITION <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)	
CONTACT DETAILS 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)		
OPTICAL MEDIA <input type="checkbox"/> PRODUCER OR COPYRIGHT OWNER <input type="checkbox"/> LOCAL LICENSEE <input type="checkbox"/> IMPORTER <input type="checkbox"/> EXPORTER CONTENT: (CHECK APPLICABLE) <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)	MANUFACTURING EQUIPMENT <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 _____ EQUIPMENT: (CHECK APPLICABLE) <input type="checkbox"/> REPLICATING EQUIPMENT <input type="checkbox"/> METALLIZING/DOWNSTREAM <input type="checkbox"/> PRINTING EQUIPMENT <input type="checkbox"/> OTHERS _____	MANUFACTURING MATERIALS <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 _____ EQUIPMENT: (CHECK APPLICABLE) <input type="checkbox"/> OPTICAL-GRADE POLYCARBONATE <input type="checkbox"/> ADHESIVES, LACQUERS, CHEMICALS <input type="checkbox"/> PAINTS/INKS <input type="checkbox"/> OTHERS _____
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 _____		
AMOUNT DUE _____ ASSESSED BY _____ O.R. NO. _____	VERIFIED BY _____ REVIEWED BY _____ RECORDED BY _____	