

Form 1

## CUSTOMER/CLIENT PROFILE

Kindly fill out this form clearly and completely. Mark **x** in the provided

### CUSTOMER/CLIENT'S INFORMATION

Last Name									
First Name									
Middle Name									
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say								
Age									
Citizenship	<input type="checkbox"/> Filipino <input type="checkbox"/> Others, specify:								
Mailing Address									
Contact Number									
Company/Institution Name									
Company/Institution Address	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 50%; border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><i>Street</i></td> <td style="text-align: center; border: none;"><i>Barangay</i></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="text-align: center; border: none;"><i>City/Municipality</i></td> <td style="text-align: center; border: none;"><i>Province</i></td> </tr> </table>	_____	_____	<i>Street</i>	<i>Barangay</i>	_____	_____	<i>City/Municipality</i>	<i>Province</i>
_____	_____								
<i>Street</i>	<i>Barangay</i>								
_____	_____								
<i>City/Municipality</i>	<i>Province</i>								
Email Address									
Occupation									

<b>EDUCATIONAL BACKGROUND</b>	
Highest Degree Earned	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Others, specify:
Degree	
Profession	
<b>CLIENT'S BACKGROUND ON IP</b>	
Have you published any research output?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Submitted
Have you developed instructional materials (IMs) (e.g. Books, Manuals, Journals, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ongoing
Are you familiar with the Intellectual Property Rights (RA 8293)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any experience in applying for IP protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, kindly mark the appropriate box(es):</i> <input type="checkbox"/> Copyright <input type="checkbox"/> Patent <input type="checkbox"/> Utility Model <input type="checkbox"/> Industrial Design <input type="checkbox"/> Trademark <input type="checkbox"/> Others, specify:

**CONFIRMATION**

I hereby testify that the provided information above are true and correct.

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Signature over Printed Name

**VERIFICATION**

Verified by (TTLO/ITSO Personnel only):

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Signature over Printed Name