



PERBADANAN HARTA INTELEK MALAYSIA

Unit 1-7 Aras Bawah Tower B
Menara UOA Bangsar
No 5 Jalan Bangsar Utama 1,
59000, Kuala Lumpur, Malaysia.
Tel: 603-2299 8400 Faks: 603-2299 8989
GST NO: 000869019648

INVOIS CUKAI DIPERMUDAHKAN



RESIT RASMI

| Diterima Daripada | Butiran Resit Rasmi |
|-------------------|---------------------|
|-------------------|---------------------|

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

Nombor Resit : RST/IP-029005-2020

Tarikh : 23/07/2020 15:51:13

Jumlah : 25.00

| Rujukan | Butiran Bayaran |
|---------|-----------------|
|---------|-----------------|

Pusat Bayaran : IBU PEJABAT-

| Cara Bayaran | No Doc | Tarikh Doc | Amaun (RM) |
|--------------|--------|------------|------------|
|--------------|--------|------------|------------|

No. Invois : -

| | | | |
|------------|--------|------------|-------|
| KAD KREDIT | 006437 | 23/07/2020 | 25.00 |
|------------|--------|------------|-------|

Catatan :

| Keterangan | No pendaftaran | Kuantiti | Kos Per Unit | GST | Jumlah |
|------------|----------------|----------|--------------|------|--------|
| CR-1(a) | LY2020002642 | 1.00 | 15.00 | 0.00 | 15.00 |
| CR-1(e)-a | LY2020002642 | 1.00 | 10.00 | 0.00 | 10.00 |

Cetakan Berkomputer

Tidak Perlu Tandatangani

MOHD FADHIL BIN DAUD

*Resit ini akan dianggap batal sekiranya cek tidak dapat ditunaikan.

SALINAN PELANGGAN

Pelepasan di bawah Seksyen 56(3)(b) Akta Cukai Barangan dan Perkhidmatan 2014



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 An agency under the Ministry of Domestic Trade and Consumer Affairs
COPYRIGHT ACT 1987
NOTIFICATION OF WORKS
 [subregulation 5(2) and 5(3)]



CR - 1

Ly2642

Application No:

LY2020002642-

Applicant :

*Title of work (Original language) : DENTAL TREATMENT NEED AMONG FIRST-VISIT PATIENTS OF DENTAL OUTPATIENT CLINIC AT IUM KUANTAN FOR THE YEAR 2016

Translation (If the title of work is neither in Bahasa nor English) : _____

Transliteration (If the title of work is neither in Bahasa nor English) : _____

Name of the Language (Language use in the work) : ENGLISH

*** Section A : Category of Works**

Literary Musical Artistic Film Sound Recording Broadcast

Date of Creation / Fixation : 06 / 10 / 2017

Section B : Publication

The Work is : Published Unpublished

If published (please state date first published) : _____ / _____ / _____ (Year of Compilation) (Date of first publication) (Country)

*** Section C : Author**

(Note : i. Author is an individual person, not a company. To add additional authors, please attach separate sheet
 : ii. If author is anonymous, please state name of legal representative)

Name : AZLINI BINTI ISMAIL

I.C / Passport No. : 851205-03-5350

Address : DEPARTMENT OF FUNDAMENTAL DENTAL & MEDICAL SCIENCES, KULLIYAH OF DENTISTRY, INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
 JALAN SULTAN AHMAD SHAH, BANDAR INDERA MAHKOTA

Postcode : 25200 City : Kuantan Nationality : MALAYSIAN

State : PAHANG Country : MALAYSIA

Telephone No. : 0145010081 E-mail : dr_azlini@ium.edu.my Date of Death : _____ / _____ / _____

Fax No. : _____

Section C : Author (If author is "same as owner" go to Part D - if more than one author, please attach a list of names and addresses of all the author)

Name : ZURAINIE BINTI ABLLAH

National Identification No. : 821101-10-5206
/ Passport No.

Address 1 : KULLIYAH OF DENTISTRY

Address 2 : INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

Address 3 : JALAN SULTAN AHMAD SHAH, BANDAR INDERA MAHKOTA

Postcode : 25200 City : Kuantan Nationality : MALAYSIAN

State : PAHANG Country : MALAYSIA

Telephone No. : E-mail : drzura@iium.edu.my *Date of Death: / /

Fax No. :

* Please state whichever applicable

Section C : Author (If author is "same as owner" go to Part D - if more than one author, please attach a list of names and addresses of all the author)

Name :

National Identification No. :
/ Passport No.

Address 1 :

Address 2 :

Address 3 :

Postcode : City : Nationality :

State : Country :

Telephone No. : E-mail : *Date of Death: / /

Fax No. :

* Please state whichever applicable

*** Section D : Owner** (Note: to add additional owners, please attach separate sheet)

Name : _____
I.C / Passport No. : _____
OR
Company Name : INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
Company Registration No. : 101067-P
Address : DAR AL-HIKMAH LIBRARY
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
JALAN GOMBAK
Postcode : 53100 City : KUALA LUMPUR Nationality : _____
State : WILAYAH PERSEKUTUAN Country : MALAYSIA
Telephone No. : 0364215419 E-mail : crlib@iium.edu.my Fax No. : 0364214855

Section E : Licensee (Section D must be filled in)

Name : _____
I.C / Passport No. : _____
OR
Company Name : _____
Company Registration No. : _____
Address : _____
Postcode : _____ City : _____ Nationality : _____
State : _____ Country : _____
Telephone No. : _____ E-mail : _____ Fax No. : _____
Date of Agreement : ____ / ____ / ____
Duration of Agreement : ____ / ____ / ____ until ____ / ____ / ____

Please provide copy of agreement(s) or supporting document(s)

*** Section F : Contact Person**

Name : HABIDELLAH BIN RAMLI
I.C / Passport No. : 890520-04-5155
Address : DAR AL-HIKMAH LIBRARY
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
JALAN GOMBAK
Postcode : 53100 City : KUALA LUMPUR Nationality : MALAYSIAN
State : KUALA LUMPUR Country : MALAYSIA
Telephone No. : 0364215419 E-mail : crlib@iium.edu.my Fax No. : 0364214855

** Required to be filled in*

*** Section G : Declaration**

I/We hereby declare that the applicant is :

- The Author of the work
- The Owner of the copyright in the work
- The Licensee of the work (Kindly provide supporting document(s))

Signature,



(.....)

Name : HABIDELLAH BIN RAMLI
Date (dd/mm/yy) : 21-07-2020

Section H : Official Use

Payment Received

Acknowledged by,

(.....)

Officer's Name :
Date (dd/mm/yy) :

** Required to be filled in*

All correspondence should be addressed to :

Copyright Division,
Intellectual Property Corporation of Malaysia (MyIPO)
Aras 18, Tower B,
Menara UOA Bangsar,
No. 5 Jalan Bangsar Utama 1,
59000 Kuala Lumpur.

Telephone : +603 - 2299 8400
Fax : +603 - 2299 8989
Website : <http://www.myipo.gov.my>
E-Mail : infocopyright@myipo.gov.my