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**NOTIFICATION OF WORKS**  
 [ subregulation 5(2) and 5(3) ]



CR - 1

Application No :

Perbadanan Harta Intelek Malaysia



LY2017005828

29/12/2017

Applicant :

Owner  Author  Licensee

Title of work (Original language) : A NEW METHOD FOR TEACHING CLASSICAL ARABIC POETRY TO NON-NATIVE SPEAKERS.

Translation : \_\_\_\_\_

Transliteration : \_\_\_\_\_

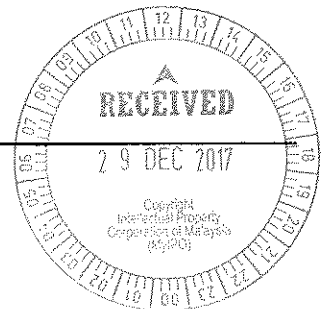
Name of the Language (\*Language that been used in the work) : \_\_\_\_\_

If published in a periodical or serial (Literary Work) : \_\_\_\_\_ (Volume / Number) \_\_\_\_\_ (Issue Date) \_\_\_\_\_ (On Pages)

**Section A : Category of Works**

Literary  Musical  Artistic  Film  Sound Recording

Date of Fixation / First Published / Erected / Incorporated : 07 / 09 / 2017



**Section B : Publication**

The Work is :  Published  Unpublished

If published : \_\_\_\_\_ (Year of Compilation) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date of first publication) \_\_\_\_\_ (Country)

**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 )

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\* Please state whichever applicable

**Section D : Owner** (If more than one owner, please use the attachment)

Please tick (✓) if Owner is same as Author

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**Section E : Licensee (Section D must be fill in)**

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\*Company Registration No. : \_\_\_\_\_  
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State : \_\_\_\_\_ | Country : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_ | E-mail : \_\_\_\_\_ | Fax No. : \_\_\_\_\_

Date of Agreement : \_\_\_\_/\_\_\_\_/\_\_\_\_

Period of Agreement : \_\_\_\_/\_\_\_\_/\_\_\_\_ until \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please provide copy of agreement(s)*

\* Please state whichever applicable

**Section F : Contact Person**

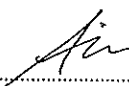
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**Section G : Declaration**

I hereby granted my works to be viewed by public for research and educational purpose :  Yes  No

- Author of the work  
 Owner of the copyright in the work  
 Licensee of copyright the work (Please provide adequate related document(s))

Signature,

()  
Name : NUR AIN SYAHIRAH BINTI SHAMSOL BAHRIN  
Date (dd/mm/yy) : 22/12/17  
Administrative Assistant  
Research Management Centre  
International Islamic University Malaysia

**Section H : Official Use**

Payment Received

Acknowledged by,

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

\* Please state whichever applicable

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