

PAYMENT REQUEST FORM

Date Requested: 16-Aug-22
 Requestor's Name: JENIFER RAPISTA
 Company: DIGITALKS TECHNOLOGY
 Department/Branch: IMPORTATION DEPT
 Amount: _____

Date Needed: 21-Aug-22
 Start: _____
 End: _____

Note: Maximum allowable Date needed is 15 working days from date of request, liquidation is on or before 5 working days after completion of purpose.

Detailed Purpose: FOR NEW APPLICATION of NTC - MPDP AND WDN - XIOAMI CIRCUIT

Attachment (please specify): Approval screenshot, Copy of application form,

REQUESTED BY: JENIFER RAPISTA
 Requestor's print name & signature

☐ CASH

☒ DEPOSIT

BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

Bank/Branch: BDO
 Account Name: JENIFER RAPISTA
 Account Number: 006580144946

APPROVED BY: _____
 Immediate Head print name & signature

Executive (if applicable)

Note: Accounting Department process payables is 3 working days upon received of original Payment Request Form. Please attached approved quotation or any proof that can support your request. This form will be used for NON P.O item such as contract & permits, meal allowance, transportation and etc.

FOR ACCOUNTING USE ONLY

Accounting Dept: Received by: _____ Print name & signature	Finance Department		
	Processed by: _____ Print name & signature	Verified by: _____ Print name & signature	Approved by: _____ Print name & signature

WDN
 MPDP
TOTAL:

Store	PERMIT FEE	NOTARY PER APPLICATION	Amount
XIAOMI CURCUIT MAIN	2,130.00	-	2,130.00
XIAOMI CURCUIT MAIN	4,530.00	-	4,530.00
			6,660.00



Republic of the Philippines
NATIONAL TELECOMMUNICATIONS COMMISSION
BIR Road, East Triangle, Diliman, Quezon City

Form No. **NTC 1-18**
Revision No. **01**
Revision Date **03/31/2021**

**APPLICATION FOR DEALER/MANUFACTURER/SERVICE CENTER/RETAILER/RESELLER PERMIT/
CPE SUPPLIER ACCREDITATION**

INSTRUCTIONS:

- (1) Accomplish this application form properly, in ALL CAPS, handwritten or computer-printed.
- (2) Attach the complete requirements including supporting documents. For the List of requirements, please refer to the **NTC Citizen's Charter 2021 Second Edition** at NTC website: www.ntc.gov.ph
- (3) Check (✓) appropriate box. Indicate "N/A" for items not applicable.

TYPE OF APPLICATION

<input checked="" type="checkbox"/>	NEW
<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	MODIFICATION due to

<input type="checkbox"/>	Radio Communications Equipment (RCE)
<input type="checkbox"/>	Dealer
<input type="checkbox"/>	Radio Transmitter/Transceiver
<input type="checkbox"/>	WDM Indoor/SRD/RFID
<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Service Center
<input checked="" type="checkbox"/>	Mobile Phone
<input checked="" type="checkbox"/>	Dealer (MPDP)
<input type="checkbox"/>	Retailer/Reseller (MPRR)
<input type="checkbox"/>	Service Center (MPSCP)
<input type="checkbox"/>	Customer Premises Equipment (CPE) Supplier Accreditation

APPLICANT'S DETAILS

Applicant* **DIGITALKS TECHNOLOGY CORP. - XIAOMI AYALA CIRCUITS**

*Business name appearing in the SEC/DTI Registration or Business/Mayor's Permit

Type of Entity ☒ Corporation ☐ Partnership
☐ Single Proprietorship ☐ Others, specify

Permit No.		Validity (mm/dd/yy)	
Unit/Rm/Bldg No.	NO. L1047 UG AYALA CIRCUIT	Street	CIRCUIT MAKATI HIPPODROMO ST. COR
Barangay	AP REYES AVENUE CARMONA	City/Municipality	CITY OF MAKATI
Province	NCR, FOURTH DISTRICT	Zip Code	1217
Contact Number	8654-3561	Email Address	

PERSONNEL REQUIRED (Not Applicable for WDM Indoor/SRD/RFID and Mobile Phone)

Supervising Engineer

Name		Technician	
PECE/ECE No.		Certificate/ECT No.	
Validity (mm/dd/yy)		Validity (mm/dd/yy)	

DECLARATION

I hereby declare that all the above entries are true and correct. Under the Revised Penal Code, I shall be held liable for any wilful false statement(s) or misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revocation of the permit issued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Act No. 10713, Data Privacy Act of 2012.


HOWARD PAW

Signature over Printed Name of Applicant /

Duly Authorized Signatory/Representative

Date Accomplished

OR	NO.:	
	DATE:	____, 20____
	AMOUNT:	
Collecting Officer		



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HOWARD PAW
Signature over Printed Name of Applicant /
Duly Authorized Signatory/Representative
Date Accomplished

OR	NO.:	
	DATE:	20
	AMOUNT:	
		Collecting Officer