	PAYME	NT REQUES	T FORM				
Date Requested: Requestor's Name: Company: Digital Department/Branch: JENIFER DIGITAL IMPORT Amount:	RAPISTA KS TECHNOLOGY	Start: End: Note: Maximum	21-Aug-22 allowable Date nec vorking days after		s from date of request, liq		
Detailed Purpose: FOR NE	W APPLICATION of NTC - MPDP AND	WDN - XIOAMI CIRC	CUIT				
Attachment (please specify):	Approval screenshot, Copy of applica	tion form,					
REQUESTED BY:	JENIFAR RAPISTA	CASH DEPOSIT					
APPROVED BY:	XX	BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT Bank/Branch: BDO Account Name: JENIFER RAPISTA Account Number: 006580144946					
Note: Accounting Department p	diate Head wint name & signature rocess payables is 3 working days upon rec ur request. This form will be used for NON	winad at anining 1 the	Executive (if applic nent Request Form, ract & permits, me		voved quotation or any pro- riation and etc.		
	FOR A	CCOUNTING USE C	DNLY				
Accounting Dept: Received by: Print name & signature	Processed by:	Verified by:	1	Approved by:			
	Print name & signature	J.	Print name & sign				
	Store	PERMIT FEE	NOTARY PER APPLICATION	Amount			
WDN	XIAOMI CURCUIT MAIN	2,130.00	-	2,130.00 ي	-		
MPDP	XIAOMI CURCUIT MAIN	4,530.00	-	4,530.00	-1		
TOTAL:		-	1	6,660.00	1		



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

		CI-L SUFFI	LIEN.	ACC	KEUITAI	IUN				
INSTRU	CTION	<u> 15:</u>								
1		ish this application form properly, in ALL	CAPS	hanc	lwritten ar c	omouter_	-printed			
(2) Att	ach th	e complete requirements including supp	ortina a	docum	ents Forth	e List of	requirements			
		efer to the NTC Citizen's Charter 2021 S								
		<ul><li>) appropriate box. Indicate "N/A" for ite</li></ul>				website.	West Constitution of Constitut			
				Сорра						
TYPE OF	APP	LICATION								
<b>✓</b>	NEV	N		Rad	io Commu	nication	s Equipment (RCE)			
	REN	NEWAL	t	1	Dealer		o aquipmont (itol)			
	МОІ	DIFICATION due to		L	Radi	o Transm	itter/Transceiver			
						N Indoor/S				
					Manufactur					
					Service Ce	nter				
٠			<b>1</b>	Mob	⊒ ile Phone					
			<del>1</del>	1	Dealer (MP	DP)				
					Retailer/Reseller (MPRR)					
				Service Center (MPSCP)						
				Customer Premises Equipment (CPE) Supplier Accreditation						
APPLICANT'S	DETA	II C		<u> </u>			, compared to the content of the con			
Applicant*				>/1.4						
	appe	IGITALKS TECHNOLOGY CO paring in the SEC/DTI Registration or But	JRP.	- XIA	KOMLAY,	ALA C	IRCUITS			
		Corporation	81110887	wayo	7					
Type of Entity		Single Proprietorship		Partnershi						
Permit No.			Valid	Others, specify						
Unit/Rm/Bldg No	 ),	NO. L1047 UG AYALA CIRCUIT	Validity (mm/dd/yy) Street							
Barangay		AP REYES AVENUE CARMONA				CIRCUIT MAKATI HIPPODROMO ST. COR				
Province		NCR, FOURTH DISTRICT		City/Municipality Zip Code		CITY OF MAKATI				
Contact Number		8654-3561	<del></del>	Email Address		1217				
PERSONNEL R	EQUIF	ɪ RED (Not Applicable for WDN Indoor/S	1			(hono)				
Supervising En				1	nician	none				
Vame			Name							
PECE/ECE No.				Certificate/ECT N		lo				
alidity (mm/dd/yy)			Validity (mm/dd/yy							
DECLARATION				Vunu	ty (mm/oury)	()				
hereby declare th	at all ti	he above entries are true and correct. Under	the Re	vised F	enal Code. I	shall be I	held liable for any willful false statement(s) or			
morepresentations	o, mau	v III IIIIs audiicalion Iorm Inal may serve as	a valid	aroun	d for the don	ial of this	annication and/an annual to the state of			
let No. 10713, Dat	a Priva	ncy Act of 2012.	ne colle	ction a	nd processin	g of perso	application and/or cancellation/revocation of onal information in accordance with Republic			
		1/				<b>r</b>				
·		1/ va				OF	<b>7</b> NO.:			
		/HOWARD PAW				AMOU	DATE: 20			
		ature over Printed Name of Applicant /				1	// // // // // // // // // // // // //			
	Duly	/ Authorized Signatory/Representative				í i	Collecting Officer			
	<u> </u>	Data Accomplished								
		Date Accomplished					1			
		THIS FORM IS NOT FOR	CALEA	MO C	AN DE DEOC	OBLIGER	\			



Republic of the Philippines

## NATIONAL TELECOMMUNICATIONS COMMISSION

BIR Road, East Triangle, Diliman, Quezon City

Form No. <u>NTC 1-18</u>
Revision No. <u>01</u>
Revision Date <u>03/31/2021</u>

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

		CPE SUPPL	JEK /	ACCI	KEDITATI	ON					
INSTRUC	TION	S:									
(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,											
plane infects the NTO OW. I OLD A page 6											
(3) Check (✔) appropriate box. Indicate "N/A" for items not applicable.											
Committee of the control of the cont											
TYPE OF	APPL	ICATION									
NEW					Radio Communications Equipment (RCE)						
RENEWAL			I	Dealer							
MODIFICATION due to			Radio Transmitter/Transceiver								
			WDN Indoor/SRD/RFID								
				Manufacturer							
					Service Cen	nter	,				
✓ Mobile Phone											
			<del></del>	1	Dealer (MP0	OP)					
					Retailer/Res	seller (MPI	RR)				
				Service Center (MPSCP)							
				Customer Premises Equipment (CPE) Supplier Accreditation							
APPLICANT'S D	ETAI	I S			****						
Applicant*		IGITALKS TECHNOLOGY CO	RP	YIA		ΛΙ Λ <u></u>	PCLITS				
	appe	aring in the SEC/DTI Registration or Bus	siness/	Mayor	's Permit	ALA CI	RCUITS				
Corporation			-	Partnership							
Type of Entity		Single Proprietorship		Others, specify							
Permit No.			Valid	dity (mm/dd/yy)							
Jnit/Rm/Bldg No		NO. L1047 UG AYALA CIRCUIT		Street		CIRCUIT MAKATI HIPPODROMO ST. COR					
Barangay		AP REYES AVENUE CARMONA	City/Municipality		pality	CITY OF MAKATI					
Province		NCR, FOURTH DISTRICT	Zip Code		·	1217					
Contact Number			Email Address		ess	121/					
PERSONNEL RE	QUIF	RED (Not Applicable for WDN Indoor/S	RD/R	FID ar	nd Mobile P	hone)					
Supervising Engineer Technician											
lame				Name							
ECE/ECE No.		***************************************	Certificate/ECT		lo.						
alidity (mm/dd/yy)		······	Validity (mm/dd/yy)		·)						
ECLARATION											
nisrepresentation(s	i) mad ranted	le in this application form that may serve as . Further, I am freely giving full consent for ti	a valid	ground	d for the deni	ial of this	neld liable for any willful false statement(s) or application and/or cancellation/revocation of onal information in accordance with Republic				
		1/				ŗ					
- Who						OF	R NO.:				
/HOWARD PAW						1 AMOU	UNT:				
Signature over Printed Name of Applicant /						1					
Duly Authorized Signatory/Representative						1	Collecting Officer				
	L	Date Accomplished					··· <del>-</del>				
		THIS FORM IS NOT FOR	SALE	ነለነጥ ጥ	AN RE DEPT	ODLIGEO					
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