NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

GILLIANNE MARYBELLE DIAZ

To: The Accountant:				GILLIANNE MARYBELLE DIAZ							No:	61-2025-09-0287		
									(RC Code	e - Year of	Issue- M	o Series	of the RO	2)
Please issue Order of Payment in favor of for payment of the fees indicated below:											Date:	Septemb	er 5 2025	
□ NEW				Пмор			Псо			Пма				
□ REN			DUP			☐ cv			ROC					
		OTHERS				∏ MS			OTHERS					
			_	,										
Particular:							Particular:				Particular:			
Code	Period Covered: SEP 04, 2025 to SEP 03, 2026				Period Covered:				Period Covered:					
Code	Description	No. of		No. of		No. of No. of				No. of		No. of		SUB- TOTAL
		Years	%	Units	Fees	Years	%	Units	Fees	Years	%	Units	Fees	IOIAL
	FOR LICENSES													
4-02-01-010	Permit to Purchase													0.00
4-02-01-130	Filing Fee													0.00
4-02-01-010	Permit to Possess/Storage													0.00
4-02-01-010	Construction Permit Fee													0.00
4-02-01-060	Radio Station License													0.00
	Inspection Fee													0.00
4-02-01-080	Spectrum User's Fee (SUF)													0.00
	Fines/Penalties/Surcharges Radio Station License													0.00
4-02-01-140	Spectrum User's Fee (SUF)													
	FOR PERMITS													
4-02-01-010	Permit Fees													0.00
4-02-01-100	Inspection Fee													0.00
4-02-01-130	Filing fee													0.00
4-02-01-140	Fines/Penalties/Surcharges													0.00
FOR	AMATEUR AND ROC													
4-02-01-060														0.00
	Radio operator's Cert													0.00
	Application Fee													0.00
4-02-01-040	Seminar Fee Fines/Penalties/Surcharges/													0.00
	Radio Station License Radio													0.00
4-02-01-140														
4-02-01-080	Permit to Purchase													0.00
ОТ	HER APPLICATION													
4-02-01-020	Registration Fee													0.00
4-02-01-070	Supervision & Regulation Fee													0.00
4-02-01-040	Verification/Authentication													0.00
4-02-01-030	Examination Fee													50.00
4-02-01-040														0.00
4-02-01-060	Modification Fee													0.00
	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE) Documentary Stamp Tax													0.00
4-02-01-010		L	L		L							L		0.00
Others														0.00
	TOTAL													50.00
		Note:	To be p	oaid on or	before			09/05/2	2025	otherwis	e subject	to reass	essment	
For Assessment only Endorsed for Payment										ent				
REMARK/S 1. Payment should be made in CASH, MANAGER'S/CASHIER'S CHECK. DEMAND DRAFT Payable to NTC-VII FAO BUREAU OF TREASURY												HRY		
i. rayinelli	should be made in CASH,	IVIAIVAG	LIN 3/C	MOI IILK	, 01120	A. DEIVI	יום טוייי	V-III F8	iyabie 10	INTO-VII	AO BO	LAU U	INLAC	

APPROVED BY: PREPARED BY: O.R. SHEIRA MARIA BERMUDO Date: ENGINEER I