## NATIONAL TELECOMMUNICATIONS COMMISSION

## Statement of Account

ASOCIACION BENEVOLA DE CEBU INC. (CHONG HUA To: The Accountant:

61-2025-09-0939

	HOSPITAL MANDAUE & CANCER	(RC Code - Year of Issue- N	1o Series of the RC)
	CENTER)		
Please issue Order of Payment in favor of	- ,		
for payment of the fees indicated below:		Date:	September 17 2025

		NEW REN		MOD DUP OTHERS				co cv мs			MA ROC OTHERS	·		_
		Particul	lar: TEM	MP-ROVII-03	3736-25	Particul	ar:			Particula	r:			
Code	Description	Period Covered: SEP 18, 2025 to SEP 17, 2026			Period C	Period Covered:		Period Covered:			SUB-			
		No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	TOTAL
	FOR LICENSES													
4-02-01-010	Permit to Purchase													96.00
4-02-01-130	Filing Fee													0.00
4-02-01-010	Permit to Possess/Storage													60.00
4-02-01-010	Construction Permit Fee													0.00
4-02-01-060	Radio Station License													0.00
4-02-01-100	Inspection Fee													0.00
4-02-01-080														0.00
4-02-01-140														
	FOR PERMITS													$\vdash$
4-02-01-010	Permit Fees													0.00
	Inspection Fee													0.00
	Filing fee													180.00
	Fines/Penalties/Surcharges													0.00
	AMATEUR AND ROC									1				0.00
4-02-01-060	Radio Station License		1	1		<del>                                     </del>		1		<u> </u>				0.00
4-02-01-060	Radio operator's Cert		_	1										0.00
														0.00
	Application Fee							1						0.00
	Seminar Fee Fines/Penalties/Surcharges/ Radio Station License Radio													0.00
	Operator's Cert.			-		_						_		
	Permit to Purchase HER APPLICATION	-	1	1		├		1		<u> </u>	<u> </u>	+		0.00
<b>—</b>			+	1		-		-		1		-		0.00
4-02-01-020	Supervision & Regulation													0.00
4-02-01-070	Fee	<b></b>				<b>-</b>		1		1				0.00
4-02-01-040	Verification/Authentication									<u> </u>				0.00
	Examination Fee		_	_		_						+		0.00
	Clearance/Certification Fee	<del>                                     </del>	+	+		$\vdash$		+	-	<del>                                     </del>		+	_	0.00
4-02-01-060	Modification Fee Miscellaneous Income (DUPLICATE)													0.00
4-02-01-010	Documentary Stamp Tax (DST)													30.00
Others														0.00
	TOTAL													366.00
REMARK/S		Note:	_	paid on or r Assessme		,		09/17/2	2025	_		t to reass or Payme		

				PREPARE	D BY:	APPROV	ED BY:
O.R.	No.			. 🖈		ltta a I	
		D.R. AMOUNT: Date:	UNIT.		40		VII Kunt
	O.R.				MITCHEL MARI SEN	10	FELIPE GUMALO, JR
				_	ENGINEER II		ENGINEER V
		Bv:			LINGINLLINI		LINGINLLIN