NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account Rowena Apas

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To: The Accountant:									(DC Cod	e - Year of	No:	o Corios	of the D	C)
									(KC Coa	e - Year or	issue- iv	o Series	or the K	L)
Please issue	Order of Payment in favor of	f										C	0 0005	
for payment	of the fees indicated below	:									Date:	Septemb	er 8 2025	
		NEW		Тмор			П	со			MA			
	F	REN	┌	DUP			Ħ	CV		Ħ	ROC			
		111211	⊢	OTHERS			Ħ	MS		H				
				JOHEKS			. ⊔	IVIS			OTTLENS			-
		Particula	ar:			Particula	ar:			Particula	r:			1
		SEP 08, 2025 to				Period Covered:				Period Covered:				
Code	Description	OE1 07, 2020		026									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	Tears		Units		rears		Units		rears		Ullits	—	ł
													—	0.00
4-02-01-010	Permit to Purchase													0.00
4-02-01-130														0.00
	Permit to Possess/Storage												—	0.00
4-02-01-010														0.00
4-02-01-060	Radio Station License									_				
4-02-01-100	Inspection Fee									_		_		0.00
4-02-01-080	Spectrum User's Fee (SUF) Fines/Penalties/Surcharges	-				-								0.00
	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
	Fines/Penalties/Surcharges													0.00
FOR A	AMATEUR AND ROC													
4-02-01-060	Radio Station License													0.00
4-02-01-060	Radio operator's Cert													0.00
4-02-01-130	Application Fee													0.00
4-02-01-040	Seminar Fee													0.00
	Fines/Penalties/Surcharges/													0.00
4-02-01-140	Radio Station License Radio Operator's Cert.													
4-02-01-140														0.00
	HER APPLICATION					<u> </u>								
4-02-01-020	Registration Fee													0.00
- 02 01 020	Supervision & Regulation													0.00
4-02-01-070	Fee													
4-02-01-040	Verification/Authentication													0.00
4-02-01-030	Examination Fee													50.00
4-02-01-040	Clearance/Certification Fee													0.00
4-02-01-060	Modification Fee													0.00
	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE) Documentary Stamp Tax	 		-		 		1				-		0.00
4-02-01-010	(DST)													0.00
Others														0.00
	TOTAL													50.00
		Note:	To be	oaid on or	before			09/08/2	2025	otherwis	e subjec	to reass	essment	

REMARK/S				
 Payment should be made in CASH. 	MANAGER'S/CASHIER's CHECK	DEMAND DRAFT Pava	ble to NTC-VII FAO BUR	FALLOF TREASURY

Endorsed for Payment

For Assessment only

			PREPARED BY:	APPROVED BY:
		No.	//	lta a I
O.R.		AMOUNT:	from the same of t	VTHEUM.
		RINDLEYREGINIO	ENGR. FELIPE GUMALO, JR	
		Date:		ENGINEER V
		By:		LINGINELIX