NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant: No: (RC Code - Year of Issue - 1												lo Series	of the R	C)
Please issue Order of Payment in favor of for payment of the fees indicated below: Date:														
,,,		NEW MOD REN DUP OTHERS				CO CV MS				MA ROC OTHERS				-
										In				
		Particular:				Particular:				Particular:				
Code	Description	Period Covered: 3 Years				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													0.00
4-02-01-130	Filing Fee													0.00
4-02-01-010														0.00
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	Spectrum User's Fee (SUF)													0.00
	Fines/Penalties/Surcharges													0.00
4-02-01-140	Radio Station License													
4-02-01-140	Spectrum User's Fee (SUF) FOR PERMITS	<u> </u>												
		 				-						1		0.00
4-02-01-010		-										1		
4-02-01-100		-									_	-		0.00
4-02-01-130	Fillling fee	-												0.00
4-02-01-140	Fines/Penalties/Surcharges AMATEUR AND ROC	-				-		-				-		0.00
—		-		1		-		1	-	<u> </u>	_	+		0.00
	Radio Station License	-				_						-		
1	Radio operator's Cert	-												180.00
	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	Operator's Cert.													
	Permit to Purchase													60.00
ОТ	HER APPLICATION													
4-02-01-020	Registration Fee													0.00
4 00 04 070	Supervision & Regulation													0.00
4-02-01-070	Fee	-						-		<u> </u>				0.00
	Verification/Authentication													0.00
4-02-01-030		-										-		0.00
4-02-01-040	Clearance/Certification Fee							-		-	_	+	_	0.00
4-02-01-060	Modification Fee Miscellaneous Income	-				-					_			0.00
4-02-01-990	(DUPLICATE)													0.00
	Documentary Stamp Tax													30.00
4-02-01-010	(DST)													
	Others (ADMIN FINES)									ļ				0.00
	TOTAL				<u> </u>				DAY	<u> </u>				210.00
For Assessment only Endorsed for Payment REMARK/S														
	ional sheets, if necessary to					AND DC :	FT D-	hi - 4 - • *	TC 43 F1	0 01105	OF TRE	CLIDY		
	should be made in CASH, MA						⊩ Γ Paya	ible to N	IC-13 FA	D BUREAU	OF TREA	ASURY,		
3. PLEASE AT	TTACH 1x1 ID PICTURE UPON	APPLICA	uTON F	JR NEW/R	ENEWA	ıL.								
	LIST OF NAMES:													

PLEASE SEE ATTACHED NAMES AT THE BACK

PREPARED BY: APPROVED BY: