NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Acc	To: The Accountant: No: (RC Code - Year of Issue- Mo Series of the RC)											D)		
	Order of Payment in favor o										Date:			
		l NEW		lmon							MA			
	NEW MOD				⊢ [∞]			□ MA □ ROC						
	REN DUP				☐ cv				OTHERS					
				OTHERS			. ⊔	MS		ш	OTHERS			
Particular: 24-1PX-1234					Particular: Particular:									
			JUL 07, 2025 to											
Code	Description	Period Covered: JUL 06, 2026			Period Covered:				Period Covered:				SUB-	
		No. of	%	No. of	Fees	No. of	%	No. of	Fees	No. of	%	No. of	Fees	TOTAL
		Years		Units		Years		Units		Years		Units		
	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
4-02-01-100	Inspection Fee											_		0.00
4-02-01-080										-				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
	Inspection Fee													0.00
	Fillling fee													0.00
	Fines/Penalties/Surcharges													0.00
FOR	AMATEUR AND ROC													
4-02-01-060	Radio Station License													0.00
4-02-01-060	Radio operator's Cert													120.00
4-02-01-130	Application Fee													
4-02-01-040	Seminar Fee													
	Fines/Penalties/Surcharges/													0.00
4-02-01-140	Radio Station License Radio Operator's Cert.													
4-02-01-080														0.00
	HER APPLICATION					<u> </u>						<u> </u>		
4-02-01-020	Registration Fee													0.00
	Supervision & Regulation													0.00
4-02-01-070	Fee													
4-02-01-040	Verification/Authentication									<u> </u>		1		0.00
4-02-01-030	Examination Fee													0.00
4-02-01-040	Clearance/Certification Fee	<u> </u>								L				0.00
4-02-01-060	Modification Fee													0.00
4-02-01-000	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE) Documentary Stamp Tax	<u> </u>				<u> </u>								30.00
4-02-01-010	(DST)													00.00
	Others													0.00
	TOTAL													150.00
		Note:	To be p	oaid on or	before			07/07/2	2025	otherwis	e subjec	t to reass	essment	
	For Assessment only Endorsed for Payment													
REMARK/S					,					_				
1. Use addit	ional sheets, if necessary to	show det	ailed co	mputation	n									
2. Payment	should be made in CASH, MA	ANAGER'S	/CASHI	ER's CHEC	K. DEM	AND DRA	FT Paya	ble to N	ГС-13 FA	O BUREAU	OF TREA	SURY,		
3. PLEASE AT	TTACH 1x1 ID PICTURE UPON	I APPLICA	TION FO	OR NEW/R	ENEWA	ıL								

PREPARED BY:		APPROVE		
	Evaluator1 10	_		