NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant:					а				No:					
									(RC Cod	e - Year of		1o Series	of the R	C)
Please issue Order of Payment in favor of														
for payment of the fees indicated below:									Date:				-	
	✓	NEW		MOD				со			MA			
	REN	EN DUP				☐ cv				ROC				
_ [OTHERS MS						OTHERS				
		_				_								
	Particular:					Particular:				Particular:				
Code Description Period C			overed:	1 Year		Period Covered:				Period Covered:				SUB-
Couc	Description	No. of	T	No. of	T_	No. of	l	No. of	I _	No. of		No. of		TOTAL
		Years	%	Units	Fees	Years	%	Units	Fees	Years	%	Units	Fees	101712
	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 Spectrum User's Fee (SUF)													
	FOR PERMITS													
4-02-01-010	Permit Fees					1								0.00
4-02-01-100	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
	Radio operator's Cert													0.00
	Application Fee													0.00
4-02-01-040	Seminar Fee													0.00
	Fines/Penalties/Surcharges/ Radio Station License Radio													0.00
4-02-01-140														
4-02-01-080														0.00
OTHER APPLICATION														
4-02-01-020	Registration Fee													0.00
	Supervision & Regulation													0.00
4-02-01-070		-				-						1		0.00
4-02-01-040	Verification/Authentication													0.00
4-02-01-030	Examination Fee					-								0.00
4-02-01-040	Clearance/Certification Fee											1		0.00
4-02-01-060	Modification Fee Miscellaneous Income	<u> </u>												0.00
4-02-01-990	(DUPLICATE)													
4 02 04 040	Documentary Stamp Tax													30.00
4-02-01-010	(DST)													0.00
	Others (ADMIN FINES) TOTAL													30.00
Note: To be paid on or before TODAY otherwise subject to reassessme											essment	00.00		
			.0 00	011 01							_ 500,00	0		
	For Assessment only Endorsed for Payment											ent		
REMARK/S										,				
	ional sheets, if necessary to	show det	ailed co	mputatio	n									
	should be made in CASH, MA					AND DRA	FT Paya	ble to N	ГС-13 FA	O BUREAU	OF TREA	ASURY,		
3. PLEASE AT	TTACH 1x1 ID PICTURE UPON	APPLICA	TION FO	OR NEW/R	ENEWA	AL.								

<u>LIST OF NAMES:</u> PLEASE SEE ATTACHED NAMES AT THE BACK

PREPARED BY: APPROVED BY: