NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Acc	countant:				11	1111					No:			
									(RC Cod	e - Year of	Issue- N	1o Series	of the R	.C)
	Order of Payment in favor o										Date:			_
		NEW		МОД				со			MA			_
		REN	┌	DUP			Ħ	CV		H	ROC			
	_			OTHERS				MS			OTHERS	6		
		Particular:				Particular:				Particular:				
Code	Description	Period Covered: 1 Year				Period Covered:				Period Covered:				SUB-
Couc	Bescription	No. of	%	No. of	Fees	No. of	%	No. of	Fees	No. of	%	No. of	Fees	TOTAL
		Years	76	Units	rees	Years	70	Units	rees	Years	76	Units	rees	1
	FOR LICENSES									ļ				
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 Radio Station License													480.00
	Inspection Fee													0.00
	Spectrum User's Fee (SUF)													0.00
	Fines/Penalties/Surcharges													0.00
4-02-01-140	Radio Station License Spectrum User's Fee (SUF)													
4-02-01-140	FOR PERMITS									1				
4-02-01-010														0.00
	Inspection Fee													0.00
4-02-01-130														0.00
4-02-01-140														0.00
FOR	AMATEUR AND ROC													
4-02-01-060	Radio Station License													0.00
	Radio operator's Cert													0.00
	Application Fee													
4-02-01-040	Seminar Fee											-		
	Fines/Penalties/Surcharges/ Radio Station License Radio													0.00
4-02-01-140														
4-02-01-080						_						-		0.00
	HER APPLICATION	-				-				1				0.00
4-02-01-020	Registration Fee Supervision & Regulation	-												0.00
4-02-01-070	Fee													
4-02-01-040	Verification/Authentication													0.00
4-02-01-030	Examination Fee													0.00
4-02-01-040														0.00
4-02-01-060	Modification Fee Miscellaneous Income	-								1				0.00
4-02-01-990	(DUPLICATE)													0.00
	Documentary Stamp Tax													30.00
4-02-01-010		-								<u> </u>		+		79560
	Others (ADMIN FINES) TOTAL													80,070.00
	TOTAL	Note:	To be	paid on or	before			05/31/2	2025	otherwis	e subier	t to reass	essment	
		note.	_	r Assessm		,						for Payme		
REMARK/S														
	ional sheets, if necessary to										o = =o -			
2. Payment	should be made in CASH, MA	ANAGER'S	/CASHI	EK'S CHEC	K. DEM	AND DRA	⊩ Γ Paya	ible to N	IC-13 FA	D BUREAU	OF TREA	ASURY,		

3. PLEASE ATTACH 1x1 ID PICTURE UPON APPLICATION FOR NEW/RENEWAL

PREPARED BY:		APPROVED BY:	
	evaluator 11		