



Republic of the Philippines
NATIONAL TELECOMMUNICATIONS COMMISSION
BIR Road, East Triangle, Diliman, Quezon City

Form No. **NTC 1-18**
Revision No. **01**
Revision Date **03/31/2021**

APPLICATION FOR DEALER/MANUFACTURER/SERVICE CENTER/RETAILER/RESELLER PERMIT/ CPE SUPPLIER ACCREDITATION

INSTRUCTIONS:

- (1) Accomplish this application form properly, in ALL CAPS, handwritten or computer-printed.
- (2) Attach the complete requirements including supporting documents. For the List of requirements, please refer to the **NTC Citizen's Charter 2021 Second Edition** at NTC website: www.ntc.gov.ph
- (3) Check (✓) appropriate box. Indicate "N/A" for items not applicable.

TYPE OF APPLICATION

<input type="checkbox"/>	NEW
<input checked="" type="checkbox"/>	RENEWAL
<input type="checkbox"/>	MODIFICATION due to

<input type="checkbox"/>	Radio Communications Equipment (RCE)
<input type="checkbox"/>	Dealer
<input type="checkbox"/>	Radio Transmitter/Transceiver
<input type="checkbox"/>	WDN Indoor/SRD/RFID
<input type="checkbox"/>	Manufacturer
<input type="checkbox"/>	Service Center
<input checked="" type="checkbox"/>	Mobile Phone
<input checked="" type="checkbox"/>	Dealer (MPDP)
<input type="checkbox"/>	Retailer/Reseller (MPRR)
<input type="checkbox"/>	Service Center (MPSCP)
<input type="checkbox"/>	Customer Premises Equipment (CPE) Supplier Accreditation

APPLICANT'S DETAILS

Applicant*	ASIAN HOME APPLIANCE CENTER COMPANY INC.		
*Business name appearing in the SEC/DTI Registration or Business/Mayor's Permit			
Type of Entity	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Others, specify	
Permit No.	NTCR7-MPDP-16-09-689(REN)	Validity (mm/dd/yy)	09/01/2025
Unit/Rm/Bldg No.	Stall#334 Ayala Center Cebu	Street	Cebu Business Park
Barangay	Bo. Luz	City/Municipality	Cebu City
Province	CEBU	Zip Code	6000
Contact Number	0918-948-3600; 260-4872	Email Address	ayalacebu@asianhomeappliance.com

PERSONNEL REQUIRED (Not Applicable for WDN Indoor/SRD/RFID and Mobile Phone)

Supervising Engineer		Technician	
Name		Name	
PECE/ECE No.		Certificate/ECT No.	
Validity (mm/dd/yy)		Validity (mm/dd/yy)	

DECLARATION

I hereby declare that all the above entries are true and correct. Under the Revised Penal Code, I shall be held liable for any willful false statement(s) or misrepresentation(s) made in this application form that may serve as a valid ground for the denial of this application and/or cancellation/revocation of the permit issued/granted. Further, I am freely giving full consent for the collection and processing of personal information in accordance with Republic Act No. 10713, Data Privacy Act of 2012.

SANTIAGO ABAPO
Signature over Printed Name of Applicant /
Duly Authorized Signatory/Representative
August 01, 2025
Date Accomplished

OR	NO.:	
	DATE:	, 20
	AMOUNT:	
		Collecting Officer