## NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

Femus To: The Accountant: No: (RC Code - Year of Issue- Mo.- Series of the RC) Please issue Order of Payment in favor of for payment of the fees indicated below: Date: □ NEW

REN MA ROC OTHERS Пмор DUP
OTHERS

		Particular: CATV-ROIX-1033-25				Particular:				Particular:				T
Code	Description	Period Covered: 2 Years				Period Covered:				Period Covered:				SUB-
Code		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	Permit to Possess/Storage													0.00
4-02-01-010	Construction Permit Fee													0.00
4-02-01-060	Radio Station License													7,200.00
4-02-01-100	Inspection Fee													1,440.00
	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				+		<del>                                     </del>
4 02 01 010	Permit Fees											1		0.00
	Inspection Fee					_						1		0.00
	Fillling fee					_						1		0.00
	Fines/Penalties/Surcharges	<u> </u>						1						0.00
	AMATEUR AND ROC											1		0.00
	Radio Station License											1		0.00
	Radio operator's Cert													0.00
	Application Fee													
	Seminar Fee													
	Fines/Penalties/Surcharges/													1,800.00
	Radio Station License Radio													
	Operator's Cert. Permit to Purchase											1		0.00
-	THER APPLICATION					<del>                                     </del>		1				+	_	0.00
	Registration Fee	<u> </u>				<del>                                     </del>		1				+		0.00
4-02-01-020	Supervision & Regulation	<del>                                     </del>								<b>†</b>		1		0.00
4-02-01-070														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													0.00
4-02-01-060	Modification Fee													0.00
	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE)  Documentary Stamp Tax	<del>                                     </del>		-	<del>                                     </del>	1	_	+		1		+		30.00
4-02-01-010						1								30.00
	Others													0.00
	TOTAL													10,470.00
		Note:	To be i	oaid on or	hefore			06/24/2	2025	otherwis	e suhier	t to reass	occment	

REMARK/S

- 1. Use additional sheets, if necessary to show detailed computation
- 2. Payment should be made in CASH, MANAGER'S/CASHIER's CHECK. DEMAND DRAFT Payable to NTC-13 FAO BUREAU OF TREASURY,

Note: To be paid on or before

For Assessment only

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

PREPARED BY:	APPROVED BY:					
Ma. Anna Somoza	Carlo Mario Jacobe I					

\_\_ otherwise subject to reassessment

Endorsed for Payment