NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

Statement of Account

To: The Acc	ountant:		Edward Lance Lorilla											
10. THE ACC	ountaine.		No: (RC Code - Year of Issue- MoSeries of the Ri											
Please issue Order of Payment in favor of for payment of the fees indicated below:														
				1										
	_		NEW MOD				⊢ ∞				☐ MA ☐ ROC			
	REN DUP				☐ cv				OTHERS					
			_	OTHERS			. ⊔	MS		Ш	OTHERS			-
	Particular:				Particular:				Particular:					
Code	Period Covered: 1 Year				Period Covered:				Period Covered:				SUB-	
	Description	No. of	%	No. of	Fees	No. of	%	No. of	Fees	No. of	%	No. of	Fees	TOTAL
	FOR LICENSES	Years		Units		Years		Units		Years		Units		-
4-02-01-010	Permit to Purchase													50.00
4-02-01-130														0.00
4-02-01-010	Filing Fee Permit to Possess/Storage													0.00
4-02-01-010														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													0.00
4-02-01-100	Inspection Fee													0.00
4-02-01-130	Fillling fee													0.00
4-02-01-140	Fines/Penalties/Surcharges													0.00
FOR AMATEUR AND ROC												<u> </u>		
4-02-01-060	Radio Station License						_					-		0.00
4-02-01-060		-												0.00
4-02-01-130	Application Fee													0.00
4-02-01-040	Seminar Fee Fines/Penalties/Surcharges/						_					-		0.00
	Radio Station License Radio													0.00
4-02-01-140	Operator's Cert.													
4-02-01-080	Permit to Purchase HER APPLICATION	-				-						1		0.00
		-				 						+		0.00
4-02-01-020	Registration Fee Supervision & Regulation													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
4-02-01-990	Miscellaneous Income (DUPLICATE)													0.00
4-02-01-010	Documentary Stamp Tax													30.00
17.02.01.010	(DST) Others (ADMIN FINES)													0.00
	TOTAL													80.00
		Note:	To be	paid on or	before	-		TO	DAY	otherwis	e subjec	t to reass	essment	
			For	Assessm	ent only	,				Er	dorsed	for Payme	ent	
REMARK/S														
	ional sheets, if necessary to					AND DO	FT D-		FC 43 F	0 01105	05.705	CLIDY		
	should be made in CASH, MA						ırı Paya	ible to N	IC-13 FA	O BUKEAU	OF TREA	ASURY,		
3. PLEASE ATTACH 1x1 ID PICTURE UPON APPLICATION FOR NEW/RENEWAL LIST OF NAMES:														

PLEASE SEE ATTACHED NAMES AT THE BACK

PREPARED BY:	APPROVED BY: