NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant:			1											
io: The Acc	ountant:								(RC Code	e - Year of	No:	o - Series	of the Ri	-1
									(NC COUR	e - Teal Of	issue- ivi	U Series	or the K	-)
Please issue	Order of Payment in favor o	f												
for payment	of the fees indicated below:										Date:			
		NEW		Мор				со			MA			
	H	REN	-	DUP			H	CV			ROC			
	Ц	ILLI4	F	OTHERS			H	MS						
				OTHERS			. ⊔	IVIS		ш	UTHERS			
	Particular:				Particular:				Particular:					
Code	Description	JUL 02, 2025 to												
			overed:		UL 01, 2026		Period Covered:			Period Covered:				SUB-
		No. of %		No. of Fees		No. of 8 No. o			Fees			No. of	Fees	TOTAL
		Years	,	Units		Years		Units		Years		Units		
	FOR LICENSES													
4-02-01-010														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													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)													
4 02 01 140	FOR PERMITS													
4-02-01-010														0.00
	Permit Fees Inspection Fee													0.00
	Fillling fee													0.00
	Fines/Penalties/Surcharges													0.00
	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 Fines/Penalties/Surcharges/													0.00
	Radio Station License Radio													0.00
	Operator's Cert.													
	Permit to Purchase													0.00
ОТ	HER APPLICATION													
4-02-01-020														0.00
4-02-01-070	Supervision & Regulation													0.00
	Fee Varification (Authoritisation													24.00
4-02-01-040	Verification/Authentication											\vdash		0.00
4-02-01-030														0.00
								_				\vdash		0.00
4-02-01-060	Modification Fee Miscellaneous Income											\vdash		0.00
4-02-01-990		L				L								0.00
	Documentary Stamp Tax													30.00
4-02-01-010						-								0.00
	Others					-								54.00
	TOTAL	ı		1	1		1	1				1 1	1	J4.UU

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,

To be paid on or before

For Assessment only

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

Note:

PREPARED BY:	APPROVED BY:	
JOEL SILADAN	chief of eod 10	

07/02/2025

otherwise subject to reassessment

Endorsed for Payment