## NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant: Huawei Phone Store								No:						
(RC Code - Year of Issue- Mo Series of the RC)									C)					
Please issue Order of Payment in favor of														
for payment of the fees indicated below:										-				
	<u>✓</u>	NEW		MOD				CO			MA			
	REN DUP				∐ cv				ROC					
			L	OTHERS			. ⊔	MS			OTHERS	·		-
		I												
		Particular:				Particular:				Particula				
Code	Description	Period C	Period Covered: 1 Year			Period Covered:				Period Co	vered:			SUB-
		No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	TOTAL
	FOR LICENSES			-								-		İ
4-02-01-010	Permit to Purchase													0.00
4-02-01-130														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													1,500.00
4-02-01-080	Spectrum User's Fee (SUF)													0.00
	Fines/Penalties/Surcharges Radio Station License													0.00
4-02-01-140	Spectrum User's Fee (SUF)													
	FOR PERMITS													
4-02-01-010	Permit Fees													0.00
	Inspection Fee													0.00
4-02-01-130	Fillling fee													500.00
	Fines/Penalties/Surcharges													0.00
	AMATEUR AND ROC													
4-02-01-060	Radio Station License						_					-		0.00
	Radio operator's Cert	-												0.00
ı	Application Fee													
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	_				-						_		0.00
	HER APPLICATION					-	_					+		0.00
4-02-01-020	Registration Fee Supervision & Regulation	-				-								0.00
4-02-01-070	Fee													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
4-02-01-010	(DST) Others (ADMIN FINES)													1500
	TOTAL													3,530.00
		Note:	To be j	paid on or	before			то	DAY	otherwis	e subjec	t to reass	essment	
		For Assessment only												
REMARK/S														
-	ional sheets, if necessary to	show det	ailed co	mputatio	n									
	should be made in CASH, MA					AND DRA	FT Paya	ble to N	ГС-13 FA	D BUREAU	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: