## NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

											No: f Issue- N	No: Issue- Mo Series of the RC)			
Please issue Order of Payment in favor of for payment of the fees indicated below:											Date:				
		NEW REN		MOD DUP OTHERS				CO CV MS			MA ROC OTHERS	·		-	
	Description	Particula				Particular:				Particular:				1	
Code		Period Covered: 0 Years				Period Covered:				Period Covered:				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	icais		Ullits		Icais		Offics		leais		Units		1	
4-02-01-010														0.00	
4-02-01-130														0.00	
4-02-01-010														0.00	
	Construction Permit Fee													0.00	
4-02-01-060	Radio Station License													0.00	
	Inspection Fee													0.00	
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					-				1	_	1		<del>                                     </del>	
4 02 04 040														0.00	
	Permit Fees Inspection Fee										_	1		0.00	
	Fillling fee									<u> </u>	_	1		0.00	
	Fines/Penalties/Surcharges													0.00	
	AMATEUR AND ROC														
4-02-01-060	Radio Station License											İ		0.00	
	Radio operator's Cert													0.00	
	Application Fee													0.00	
	Seminar Fee													0.00	
	Fines/Penalties/Surcharges/ Radio Station License Radio													0.00	
	Operator's Cert. Permit to Purchase									-				0.00	
	HER APPLICATION									1	<u> </u>	1		0.00	
4-02-01-020	Registration Fee											1		0.00	
	Supervision & Regulation													0.00	
4-02-01-070	Fee														
4-02-01-040	Verification/Authentication													0.00	
4-02-01-030											_	-		0.00	
	Clearance/Certification Fee									<u> </u>	-	-		0.00	
4-02-01-060	Modification Fee Miscellaneous Income									ļ				0.00	
4-02-01-990	(DUPLICATE)													0.00	
	Documentary Stamp Tax (DST)													0.00	
	Others (ADMIN FINES)													0.00	
	TOTAL													0.00	
		Note:	To be p	aid on or	before			то	DAY	otherwi	se subjec	t to reass	essment		
For Assessment only Endorsed for Payment REMARK/S												ent			
	ional sheets, if necessary to	show dat	ailed co	mnutation	1										
	should be made in CASH, MA					AND DRA	FT Pava	ble to N	TC-13 FA	O BURFAI	J OF TRE	ASURY			
	TTACH 1x1 ID PICTURE UPON						ı raya	JIC TO IN	. C - 13 FAI	O DONLAL	OI INEA	Joni,			
J. I LLAJL AI	LIST OF NAMES:	I LICH	OIV FC	IVE VV/IV	4L VV										
PLEASE SE	EE ATTACHED NAMES AT 1	HE BAC	K												

APPROVED BY:

PREPARED BY: