NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant:	To: The Accountant: 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: D.											Date:			_
	NEW MOD REN DUP OTHERS				CO CV MS				MA ROC OTHERS				-	
	Particula				Particular:				Particular:					
Code D	escription	Period Covered: 1 Year				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														
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 Construct	tion Permit Fee													0.00
4-02-01-060 Radio Sta	tion License													0.00
4-02-01-100 Inspectio	n Fee													0.00
4-02-01-080 Spectrum	User's Fee (SUF)													0.00
Radio Sta	nalties/Surcharges tion License													0.00
	User's Fee (SUF)	-						-				-		
FOR PERI		-			-	-		-				-		0.00
4-02-01-010 Permit Fe		-								-		-		0.00
4-02-01-100 Inspectio		-										-		0.00
4-02-01-130 Fillling fe		-				-								0.00
4-02-01-140 Fines/Per FOR AMATEUR		<u> </u>				-						1		0.00
		<u> </u>				_				1		1		0.00
4-02-01-060 Radio Sta		-				_	_					-		
4-02-01-060 Radio opi		-												0.00
4-02-01-130 Application														
	nalties/Surcharges/													0.00
Radio Sta 4-02-01-140 Operator	tion License Radio													
4-02-01-140 Operator						_								0.00
OTHER APPL						<u> </u>		İ		†		1		
—	on Fee	i e												0.00
	on & Regulation													0.00
4-02-01-040 Verification	on/Authentication													0.00
4-02-01-030 Examinat	ion Fee													50.00
4-02-01-040 Clearance												-		0.00
4-02-01-060 Modificat	ion Fee													0.00
4-02-01-990 (DUPLICA	eous Income TE)													0.00
Documen	itary Stamp Tax	+								t				0.00
4-02-01-010 (DST)														
	DMIN FINES)													1000
	TOTAL													0.00
Note: To be paid on or before otherwise subject to reassessmen												essment		
For Assessment only Endorsed for Payr										for Payme	ent			
	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, 3. PLEASE ATTACH 1x1 ID PICTURE UPON APPLICATION FOR NEW/RENEWAL														
	LIST OF NAMES:					-								
PLEASE SEE ATTAC		ГНЕ ВАС	K											

APPROVED BY:

PREPARED BY: