









































Republic of the Philippines

## NATIONAL TELECOMMUNICATIONS COMMISSION

BIR Road, East Triangle, Diliman, Quezon City

Form No. NTC 1-25
Revision No. 01
Revision Date 03/31/2021

## **COMPLAINT FORM**

## **INSTRUCTIONS:**

- (1) Accomplish this application form properly, handwritten or computer-printed.
- (2) Attach the complete requirements including supporting documents. For the List of requirements, please refer to the NTC Citizen's Charter 2019 First Edition at NTC website: <a href="www.ntc.gov.ph">www.ntc.gov.ph</a>
- (3) Check (✔) appropriate box. Indicate "N/A" for items not applicable.

COMPLAINANT'S DETAI	ILS
Name	bolita P. tagalogon - CALGAS
Postal Address	DINKS, ZAMBO. SUR.
Email Address	(DINAS, Zampo·Sun) lolitcalgas e Yahov. Com
Contact Number	09389093529
PARTICULARS OF SERV	
Business Name	
Business Address	
Contact Number	
NATURE OF COMPLAIN	T
Billing Complaint Spam Scam Fair Use  Date of incident/transaction Time of incident/transaction STATE BRIEFLY THE DE	on (hh:mm)
ATTACHED PROOF/SUP	PORTING DOCUMENTS
NOTE	
determine the merit of the The Commission may end only in matters relative to	garding the complaint, with the required supporting documents shall be provided for the Commission to a complaint, otherwise, it may cause delay in, or prevent the Commission from taking action on the complaint.  dorse the complaint to the concerned government agencies, if warranted. Information provided shall be used the complaint.  TAGAUGON - CALGAS  ure over Printed Name of the Complainant  MMM 23, 2020  Date Accomplished

THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED

EPULIC OF THE PHILIPPINI	E0101	0															
EPULIC OF THE PHILIPPINI UEZON CITY]	E5] 0.0	3												Form N			VTC 1-24
JEZON C.I.I.													i	Revisio Revisio			01 /31/2021
,	IF	1/17		-14/									L		JI	16	/3 // 202.
	AFFID							LO	SS V	/ITH	UNL	ER	ΓΑΚΙ	NG			
i, <u>bolita</u>	P. T.	agal	000	<u>m -</u>	CA	16A	2	of I	egal a	ige, F	ilipino	citize	an and	prese	ently r	residir	no at
Dinas,	Zai	mbi	san	Ja	de	2	Suy							vith tel	-		
69389093	352	9		J		and v	with off	fice a	ddres	s at _	p	too	26,	2/5			
and office tel	lephon	num	nber_								law do	here	by de	spose	and	say:	
1. That I am requesting a	all CM	TS ca	riers	to blo	ok the	GSM	hand	ant th	-4 14/21	lact/	-talan	'- m		- sia	L., , &	-1.	
person/s as owner the	ereot w	vith pa	rticula	irs as	follow	vs:	Hanne	et tric	II Was	losus	tolen	In my	/ poss	essiui	n by a	in unic	dentified
Make/Model/T						Inter	nationa	al Mo	bile E	quipm	nent Id	lentifi	cation	(IME	I)		
Samsung Galaxy,	A52	556	3	2	9	2	4	Ø	9	2	2	4	14	14	18	8	3
			3	3	5	7	7	3	6	4	2	Ç	3	4	8	8	3
2. That I am also reques	sting to	o block	the S	Subsc	riber I	Identit	v Mod	ule (S	IM) C	ord/ce	II nho	חם מי	mher	conta	i her	- the	'
cell phone mentioned	above	);		/			100-	110 /-	ilvi, -	Turoc.	li pire.	16 114.	IIIDE:	Come	ineu	n trie i	OSVSIDIE
		0	9	5	4	2	2	6	8	0	5	2					
	1	0	9	0	1-1	14	9	4	9	6	6	J					
3. That I hereby undertak	ke to h	nold fre	e fror	m any	respo	onsibili	ity or s	thall r	or ho	A NTC	and	the a	hove-	mentic	nad (	-arria	liable f
whatever claims, loss	or dam	mages	that a	iny pa	irty ma	ay inst	titute b	y rea	son o	NTC	's acti	on to	perm	anent	v bloc	came	'S liable i
aforementioned unit fr	om usa	age;											•				
. That in support of this	reque	st and	as pr	nof of	f my o	wners	hin of	eaid /	aell nt	ו פחסי	nit (	Hack	and he			inc	
documents, after make	cing the	e origi	inal a	vailab	ble for	rcom	paris	on;	en pi	Offic u	ΠΙΊ, ι ω	illacii	ea ne	reto u	ne ron	owny	I
Copy of any govern	rnment-i	-issued	ID OR														
Copy of school ID																	
Copy of Birth Certi	ificate C	OR NBI	Clear	ance (	(for cas	ses who	en ID is	s not a	ıvailab!	le)							
												4					
Proof of Ownership (A																	
Copy of the Officia																	
Box of the mobile p	DONE .	Mth inc	mauo	nai wio	)blie =	quipme	nt laen	itity (in	ΛEI)								
Additional Information:	:																
Lost/Misplaced					Sex:		Male		Age:		below	18		18-29	à		30-39
Stolen (Theft/Robb	ery/Ho	old-up)			1		Female	e			40-49		-	50-59			60 up
Place of Incident			nas	, 21	amy	Do av			Sur		70	_		100 -	,		00 00
Date			ard			in		THE RESIDENCE PROPERTY.		7	Daytin	me /		Nigh	time		
				Mary Mary		-		,	-								
That I am executing thi	is affid	lavit of	owne	rship	and lo	oss wi	th und	ertaki	ing to	attest	to the	e vera	icity a	nd tru	thfuln	ess of	f the
foregoing declaration a	and to t	be use	ed for	whate	ver le	gal int	ent an	id pur	poses	the s	same r	may	thus, se	erve.			
FURTHER AFFIANT S	AYET	H NON	۱E.					¥					140				-
								-	LO	417	P. TA				CA	WAS	
													FFIAN				
-12.1 2.1 -										3	Signat	ure O	ver P	rintea	Nam	e .	
TIN No.																	
Subscribed and s	sworn	before	me t	nis 27	me	day c	of M	and	<b>√</b>	2	han	^ffian	+ exhil	nited t	•		
me his/her Residence	Cetific	ate No	)				ued at				_on_	illian	CAIN	)!!Ե	D		
•	-a								OME	חת		UNI	A AJ	E	-		
Doc. No.	5 4001						DA		-		TE Y PU	N IN	AN	DE	4		
Page No.	1						CDI	1 P. S. B. A.	TO CO	TALL	F 141	DEC	-				
Book No.							_	631 7	A 3.9		Mr. 5-m 3		****	71 91			
Series of	XC						IBF	>1.14	ISSI fetin	NOT	RY P	UBL	C	.31,21 in no	122		
Selles of	XC						BP	PLif	retin	ne h	lemb	errs	thip H	10.02	016		
Selles of	222	ты		MICN	UOT E	FOR SA	PTE	P Lif R NO	fetin 0.35	ne 1 1905	lemb 1841	ollo	thip 8 3121	022	016		

MCLE 18905133. MCLE 11-0015585. MCLETI-0002230. MCLE IV-0022163. MCLE V-000843.