## NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

LICTO

To: The Accountant:					U	317					No:			
									(RC Cod	e - Year of	Issue- N	10 Series	of the R	C)
Diana issue	Order of Doument in favor													
Please issue Order of Payment in favor of for payment of the fees indicated below:											Date:			
ioi payment		_	_	,			_			_				-
	✓	NEW	┕	MOD				со			MA			
		REN		DUP				CV			ROC			
				OTHERS			. $\square$	MS			OTHER	S		_
Particular:			Particular:						Particular:				1	
Code	Description	Period Covered: 1 Year				Period Covered:				Period Covered:				SUB-
Code	Description	No. of No. of			No. of No.			No. of	No. of		No. of No. of			TOTAL
		Years	%	Units	Fees	Years	%	Units	Fees	Years	%	Units	Fees	IOIAL
	FOR LICENSES									1		1		1
4-02-01-010	Permit to Purchase											1		0.00
4-02-01-130	Filing Fee													0.00
4-02-01-010	Permit to Possess/Storage											_		0.00
	Construction Permit Fee	1												0.00
4-02-01-060		<del>                                     </del>				<b>—</b>						+		0.00
						_						+		0.00
4-02-01-100		-				<del>                                     </del>	_			1	_	+-		0.00
4-02-01-080	Spectrum User's Fee (SUF) Fines/Penalties/Surcharges	-				-				-		_		_
1	Radio Station License													0.00
4-02-01-140														
	FOR PERMITS													[
4-02-01-010	Permit Fees													0.00
4-02-01-100														0.00
	Fillling fee											+-		0.00
	Fines/Penalties/Surcharges	<b>†</b>										_		0.00
	AMATEUR AND ROC	<u> </u>								1		+		
4-02-01-060		<u> </u>				<del>                                     </del>				1		+-		0.00
						<del>                                     </del>						+		180.00
	Radio operator's Cert	-					_			1		+		0.00
	Application Fee	-										_		0.00
4-02-01-040	Seminar Fee	-				-				-		+		
	Fines/Penalties/Surcharges/ Radio Station License Radio													0.00
4-02-01-140														
4-02-01-080														0.00
ОТ	HER APPLICATION											T		
4-02-01-020	Registration Fee													0.00
	Supervision & Regulation													0.00
4-02-01-070	Fee													
4-02-01-040														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
	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE)									-				
4-02-01-010	Documentary Stamp Tax													30.00
17.02.01.010.	(DST) Others (ADMIN FINES)	<b>†</b>										_		0.00
	TOTAL											+		210.00
	TOTAL	Note:	To bo	paid on or	hoforo			TO	DAY	othorwic	o cubior	t to reass	ocemont	210.00
		note.	io be j	paid on or	belore				DAI	_ otherwis	se subjec	it to reass	essinent	
For Assessment only Endorsed for Payment														
		Endorsed for Payment												
REMARK/S														
	ional sheets, if necessary to													
	should be made in CASH, Ma						AFT Paya	ble to N	TC-13 FA	O BUREAU	OF TRE	ASURY,		
3. PLEASE A	TTACH 1x1 ID PICTURE UPON	APPLICA	TION F	OR NEW/R	ENEWA	AL								
	LIST OF NAMES:													
PLEASE SE	EE ATTACHED NAMES AT	THE BAC	K											

PREPARED BY: APPROVED BY: