NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

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: Date:														
		NEW REN		MOD DUP OTHERS				CO CV MS			MA ROC OTHERS	·		-
		Particula	ar: TEN	/IP-ROIII-1	011-25	Particul	ar:			Particula	r:			
Code	Description	Period Co	Period Covered: 1 Year			Period Covered:				Period Covered:				CIID.
Code	Description	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	No. of Years	%	No. of Units	Fees	SUB- TOTAL
	FOR LICENSES													İ
4-02-01-010	Permit to Purchase													0.00
4-02-01-130	Filing Fee													0.00
	Permit to Possess/Storage													0.00
4-02-01-010														0.00
4-02-01-060	Radio Station License													0.00
4-02-01-100	Inspection Fee													0.00
	Spectrum User's Fee (SUF)													0.00
4-02-01-140	Fines/Penalties/Surcharges Radio Station License Spectrum User's Fee (SUF)													0.00
4-02-01-140	FOR PERMITS													
4 02 04 040						 								0.00
4-02-01-010						_								0.00
	Inspection Fee													0.00
	Fillling fee Fines/Penalties/Surcharges													0.00
	AMATEUR AND ROC													
4-02-01-060						<u> </u>								0.00
	Radio operator's Cert													0.00
	Application Fee													
4-02-01-040	Seminar Fee													
	Fines/Penalties/Surcharges/ Radio Station License Radio													0.00
4-02-01-140 4-02-01-080	Operator's Cert. Permit to Purchase													0.00
	HER APPLICATION													0.00
						 								0.00
4-02-01-020 4-02-01-070	Registration Fee Supervision & Regulation 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) Documentary Stamp Tax													0.00
4-02-01-010	(DST)													0.00
	Others													0.00
	TOTAL							l						0.00
	Note: To be paid on or before 06/19/2025 otherwise subject to reassessment For Assessment only Endorsed for Payment													
REMARK/S			_		,					_				
1. Use additi	ional sheets, if necessary to	show det	ailed co	mputation	n									
	should be made in CASH, MA					AND DRA	FT Paya	ble to N	ГС-13 FA	O BUREAU	OF TREA	ASURY,		
3. PLEASE ATTACH 1x1 ID PICTURE UPON APPLICATION FOR NEW/RENEWAL														

PREPARED BY:	APPROVED BY:
evaluator3 edge	eod3 edge