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 □ MOD						Псо				☐ MA				
		REN DUP				☐ cv				ROC				
□ REN □ DOP														
OTHERS MS OTHERS												-		
		Particular:				Particular:				Particula	r-			
														-
Code	Description	Period Covered: 1 Year			Period Covered:				Period Covered:				SUB-	
		No. of	%	No. of	Fees	No. of	%	No. of	Fees	No. of	%	No. of	Fees	TOTAL
		Years	/*	Units	1003	Years	_~	Units		Years	/*	Units	1003	
	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	Construction Permit Fee													0.00
4-02-01-060	Radio Station License													0.00
4-02-01-100	Inspection Fee													0.00
4-02-01-080	Spectrum User's Fee (SUF)									ļ				0.00
	Fines/Penalties/Surcharges Radio Station License													0.00
4-02-01-140	Spectrum User's Fee (SUF)													
	FOR PERMITS													
4-02-01-010	Permit Fees					1				1				0.00
4-02-01-100	Inspection Fee													0.00
	Fillling fee													0.00
														0.00
	AMATEUR AND ROC					1				1				
4-02-01-060	Radio Station License													0.00
4-02-01-060	Radio operator's Cert													0.00
	Application Fee													
4-02-01-040														
	Fines/Penaities/Surcharges/													0.00
4 02 01 140	Radio Station License Radio													
4-02-01-140	Operator's Cert. Permit to Purchase									1		_		0.00
-	THER APPLICATION									1		 		
4-02-01-020	Registration Fee													0.00
	Supervision & Regulation													0.00
4-02-01-070	Fee									ļ				
4-02-01-040	Verification/Authentication													0.00
4-02-01-030	Examination Fee													50.00
4-02-01-040	Clearance/Certification Fee											-		0.00
4-02-01-060	Modification Fee													0.00
4-02-01-990	Miscellaneous Income (DUPLICATE)													0.00
	Documentary Stamp Tax													0.00
4-02-01-010	(DST)													
	Others (ADMIN FINES)													0.00 50.00
	TOTAL								05/31/2025 otherwise subject to reassessment					
		Note:	To be	paid on or	before			05/31/2	2025	_otherwis	e subjec	t to reass	essment	
		□												
For Assessment only Endorsed for Payment														
REMARK/S	ional choose if accessor :-	chov. 4-	allod c	mnutet:-										
	ional sheets, if necessary to					AND DD	ET Down	hla to N	TC-12 EA	O BLIDEAL	OF TRE	ASLIRV		
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														

PREPARED BY:	APPROVED BY:	
evaluator Edward		