NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Accountant: (RC Code - Year of											No: Issue- N	lo Series	of the R	0)
Please issue Order of Payment in favor of for payment of the fees indicated below:														
. ,	_	NEW REN		MOD DUP OTHERS				CO CV MS			MA ROC OTHERS			
		Particular: TEMP-ROX-01093-25 Particular								Particula	Particular:			
	Description	AUG 06, 2025 to Period Covered: AUG 05, 2026				Period Covered:				Period Covered:				
Code														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			-								0		İ
4-02-01-010	Permit to Purchase													0.00
4-02-01-130														0
4-02-01-010														0.00
4-02-01-010														0.00
4-02-01-060														0.00
4-02-01-100														0.00
														0.00
4-02-01-080	Spectrum User's Fee (SUF) Fines/Penalties/Surcharges Radio Station License													0
4-02-01-140	Spectrum User's Fee (SUF)													
	FOR PERMITS													
4-02-01-010	Permit Fees													0.00
4-02-01-100	Inspection Fee													0.00
	Filing fee													0
4-02-01-140	Fines/Penalties/Surcharges													0.00
FOR	AMATEUR AND ROC													
4-02-01-060	Radio Station License													0.00
4-02-01-060	Radio operator's Cert													0.00
4-02-01-130	Application Fee													0.00
4-02-01-040														0.00
	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	Registration Fee Supervision & Regulation Fee													0.00
4-02-01-040														0.00
4-02-01-030														50.00
4-02-01-040														0.00
4-02-01-060														0.00
	Miscellaneous Income													0.00
4-02-01-990	(DUPLICATE) Documentary Stamp Tax													0.00
4-02-01-010	(DST)													
Others														0.00
	TOTAL							00/07/						80.00
Note: To be paid on or before <u>08/07/2025</u> otherwise subject to reassessment For Assessment only REMARK/S 1. Payment should be made in CASH, MANAGER'S/CASHIER'S CHECK. DEMAND DRAFT Payable to NTC-X FAO BUREAU OF TREASURY													JRY	
		DDEDAG	DEN DV					,	APPROV	ED BY:				

O.R. MOUNT:
Date:
By:
Date:
By:
Date:
Date