NATIONAL TELECOMMUNICATIONS COMMISSION Statement of Account

To: The Acc	USTP (RC Code - Year of									No: f Issue- Mo Series of the RC)				
Please issue	Order of Payment in favor o	,f												
	t of the fees indicated below										Date:			
. ,	NEW MOD				П.,				□ _{MA}					
	REN DUP				☐ _{cv}				ROC					
	<u> </u>	INCIN	⊨	OTHERS			⊢	IMS						
			_	OTTIERS			- ∟	IIVI3			OTTLENS			-
		Particula	ar:			Particul	ar:			Particula	r:			
l	Period Co	overed:	Years		Period Covered:				Period Covered:				1	
Code	Description	No. of		No. of	Ι	No. of	T	No. of		No. of		No. of	1	SUB- TOTAL
		Years	%	Units	Fees	Years	%	Units	Fees	Years	%	Units	Fees	IOIAL
	FOR LICENSES													1
4-02-01-010	Permit to Purchase													
	Filing Fee													
	Permit to Possess/Storage													
4-02-01-010	Construction Permit Fee													
	Radio Station License													
	Inspection Fee													
4-02-01-080	Spectrum User's Fee (SUF)													
	Fines/Penalties/Surcharges Radio Station License													
4-02-01-140														
	FOR PERMITS													
4-02-01-010	Permit Fees													
	Inspection Fee													
4-02-01-130	Fillling fee	-				-				<u> </u>				-
	Fines/Penalties/Surcharges AMATEUR AND ROC													-
		-				_				1				
	Radio Station License					-								
	Radio operator's Cert Application Fee													
	Seminar Fee													
	Fines/Penalties/Surcharges/													
4 02 01 140	Radio Station License Radio													
	Operator's Cert. Permit to Purchase													
	THER APPLICATION													
4-02-01-020	Registration Fee													
1	Supervision & Regulation													
	Fee									<u> </u>				-
	Verification/Authentication											-		
	Examination Fee					_				-		+		
	Clearance/Certification Fee Modification Fee					\vdash	\vdash			<u> </u>		_		
1-02-01-000	Miscellaneous Income			1						l .				1
4-02-01-990	(DUPLICATE)							ļ		ļ				
4-02-01-010	Documentary Stamp Tax (DST)									1				1
1	Others (ADMIN FINES)									1				1
	TOTAL													
		Note:	To be	paid on or	before			то	DAY	otherwis	e subjec	t to reass	essment	
										_				
For Assessment only 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 TREA	SURY,		
3. PLEASE A	TTACH 1x1 ID PICTURE UPON	I APPLICA	TION FO	OR NEW/R	ENEWA	AL.								
LIST OF NAMES:														
PLEASE SEE ATTACHED NAMES AT THE BACK														

PREPARED BY:	APPROVED BY:					