



## APPLICATION FOR VAS REGISTRATION

**INSTRUCTIONS:** All blanks must be filled up properly. Indicate "N/A" for items not applicable. Duly accomplished form must be submitted with required/supporting documents. Print all entries in block or CAPITAL LETTERS

**TYPE:**       New       Ren       Modification

1 **APPLICANT** : \_\_\_\_\_  
 2 **BUSINESS ADDRESS** : \_\_\_\_\_  
 3 **CONTACT NO(s)** : \_\_\_\_\_ **EMAIL ADD :** \_\_\_\_\_  
 4 **NTC PERMIT NO.** : \_\_\_\_\_ **VALIDITY :** \_\_\_\_\_ (If Applicable)  
 5 **FRANCHISE (R.A. No.)** : \_\_\_\_\_ (If Applicable)

6 **TYPE OF FIRM:** (Check appropriate box)

Corporation       Partnership  
 Single Proprietorship       Others, please specify \_\_\_\_\_

7 **HAS APPLICANT BEEN KNOWN BY ANOTHER NAME?**

Yes       No

If Yes, Indicate the name(s) and address(es) of former name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8 **LIST OF VAS OFFERED :**

A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_  
 F \_\_\_\_\_  
 G \_\_\_\_\_

9 **CERTIFICATION**

**I HEREBY CERTIFY** that all above entries are true and correct and that I shall be held liable for any willful false statements made in this application under the Revised Penal Code. Any false statement or misrepresentation made in connection with this application shall constitute a valid ground for the denial of this application and/or cancellation/ revocation of the permit to be granted.

\_\_\_\_\_  
 Signature over Printed Name of Applicant /  
 or Authorized Representative

\_\_\_\_\_  
 Date

**OR** NO: \_\_\_\_\_  
 DATE: \_\_\_\_\_, 20\_\_\_\_  
 AMOUNT: \_\_\_\_\_  
 \_\_\_\_\_  
 CASHIER

**PLEASE SEE BACK HEREOF FOR THE REQUIREMENTS TO BE SUBMITTED**

Revision No.: \_\_\_\_\_  
 Revision Date: \_\_\_\_\_

**DOCUMENTARY REQUIREMENTS FOR SUBMISSION**



**NEW**

- 1 Duly accomplished Application form for VAS Application
- 2 List and description of each of the value added services intended to be offered
- 3 List of equipment and materials to be used for the system, including equipment to be installed, if any.
- 4 Functional block diagram, system configuration and a brief description of the proposed system.
- 5 Copy of any Interconnection Agreements needed to put the system into operation (Copies of Lease Agreement with the Public Carrier).
- 6 Certified True Copy of Securities and Exchange Commission Registration and Articles of Incorporations/DTI Permit.
- 7 Latest Audited Financial Statement.
- 8 Schedule of Service Rates.

**RENEWAL**

- 1 Duly accomplished Application form for VAS Application
- 2 Original copy of Certificate of VAS Registration
- 3 Latest schedule of Service Rates.

**MODIFICATION**

- 1 Duly accomplished Application form for VAS Application
- 2 Original copy of Certificate of VAS Registration
- 3 Description of each of the value added services intended to be offered
- 4 List of equipment and materials to be used for the system, including equipment to be installed, if any.
- 5 Functional block diagram, system configuration and a brief description of the proposed system.

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NTC REGIONAL OFFICE NO.: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Contact No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_