

PAKISTAN TELECOMMUNICATION AUTHORITY
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	App	lication	Form for	r the Nu	ımber	Alloca	tion for	r Teleco	m Ser	vices	
1-Con	pany Name										
1.2-Po	stal Address	<u> </u>	 		T 1			1 1	1 1		
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2- Co	ntact Perso	n (Name &	Designatio	n)·							
	1 1	11 (114	T T	··/·					<u> </u>		
					<u> </u>						
2.1-	Telephone _			, Fax, e-mail							
3- Na	ame of Serv	rice for whi	ch license is	ssued by F	PTA (if ap	plicable)	:				
	3.1 Lice	neo No. 8	Date of Iss	no.							
	J. 1- LICE	TISC INO. O	Date of 1881	ue							
4-Tvp	e of Service	for which N	Sumber Allo	cation is R	Requested	:					
JP	0 01 801 (100)				- questou					_	
	4.1- The	anticipated	l date to star	rt the servi	ice:						
€ Dla	aaa muarida t	ha fallarrin	a information	a for WI I	/ Callular	Mahila N	[atreau]r m	mhar allaa	ationa in th	o fallowing	
	ase provide t at: (use separ		g imormanor	I IOI WLL	Centulai	Mobile IN	ietwork nui	iliber alloca	ations in ti	ie ionowing	
101111	at. (use separ	ate sneet)									
	Complete	e Tehsil	District	Region	MSC	Area	POP	POI wi	th other	The amount of	
S.No						Code		operato	ors	numbers	
	of BTS									required (10K	
	Site					_		+		& 100K)	
		!			!		<u> </u>			<u> </u>	
			g information	n for Public	Switch T	elephone	Network n	umber allo	cations in	the following	
form	at: (use separ	ate sheet)									
	Namaaf	Talasil	District	Danian	A	DOD.	DOIi4	la a4laan	The		
.No	Name of Exchange	Tehsil	District	Region	Area Code	POP	POI with other operators		The amount of numbers required (10K & 100K)		
.,,,	Exchange				Couc				required (Tok & Took)		
				<u> </u>					_		
7-Any	other Inform	ation to just	ify Applicati	on (Use sej	parate she	et)					
	_										
8- Dec	laration				Daniamati			1	ماممام مامس	41. a4.	
1	- - -				_Designati	ion		ne	ereby decia	are that:	
•	That I have	e been autho	orized to sign	this applic	ation on b	ehalf of a	applicant co	ompany			
	 That I have been authorized to sign this application on behalf of applicant company M/s										
•			ll use the nu					by PTA;			
•									edge. I als	o affirm on behalf	
	of the cor	mpany to a	bide by the							ect issued by the	
	Authority	from time to	time.								

Signature & Seal of authorized person ______

Designation _____