

Customer Name:

Application Number

Date:

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Government of Nepal
Ministry of Information & Communications
Frequency Management Section
Kathmandu, Nepal

Customer Application Information

* Required fields in **bold**

Customer Name

First Name
Last Name
Company
Company Reg. Number
National ID / VAT / PAN
Customer #
Country

Type

<input type="checkbox"/> Director
<input type="checkbox"/> Dealer
Type:(choose one)
<input type="checkbox"/> Person
<input type="checkbox"/> Company
<input type="checkbox"/> Government
<input type="checkbox"/> Non-Governmental Organization
<input type="checkbox"/> Radio Operator

Physical Address:

Ward No.
Street
Municipality / VDC
District
Zone

Postal Address:

Ward No.
Street
P.O.Box / P.A.
Municipality / VDC
District
Zone

Telephone #
E-mail

Mobile #
Fax #

Employer Name
Employer Address

Official Use Only:	
Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No	User Class

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Contact Information

Contact Type	<input type="checkbox"/> Legal Representative
	<input type="checkbox"/> Main Contact
First Name	
Last Name	
National ID / VAT / PAN	
Country	

Photo

Attach Photo ID if Required.

Physical Address:

Ward No.
Street
Municipality / VDC
District
Zone

Postal Address:

Ward No.
Street
P.O. Box / PA
Municipality / VDC
District
Zone

Telephone #
E-mail

Mobile #
Fax #