

REGULATORY FEE DECLARATION FORM			
TO BE FILLED BY OPERATOR (Part 1)			
Operator Names			
LICENSED SERVICES			
Regulatory fee rate	% (A)	Quarter :	Year :
Turnover/Sales amount (B)	Regulatory fee to be Paid (A*B)		
Period under declaration			
Start and End of concerned Period		Due Date	Payment Date
From:	End:		
Previous Declarations (Cumulative)		Employees Nbr	
Information on Payment			
Bank & Pyt Slip Nbr		Payment Date	Title
Full Names:			
Address	Province	District	Sector
Mob.			
(+250)			
Declaration Date :			
Signature		Stamp	
FOR RURA USE ONLY (Part 2)			
Received by:		Date:	
<u>Observation:</u>			
DECLARATION RECEIPT (Part 3)			
Received on :		Authorized Staff:	