Annex to the

Rules for the assignment and use of international signalling point codes, national signalling point codes, public mobile telephone communication network codes, public data transmission network identification codes, and identification numbers of payment cards issued by the service provider

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(title or name and surname of the person)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(code of the register of legal entities, personal identification number, registered office or permanent residence address, tel., fax, e-mail, internet website address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: Communications Regulatory Authority

of the Republic of Lithuania

Mortos Str. 14, LT-03219 Vilnius

Tel. (8 5) 210 56 23, fax (8 5) 216 15 64

E-mail: rrt@rrt.lt

### **APPLICATION**

### **TO GRANT THE RIGHT TO USE A CODE**

**\_\_\_\_\_\_\_\_\_ No. \_\_\_\_\_\_\_**

(date)

1. Type of the requested code (mark one only): [ ]  ISPC [ ]  NSPC [ ]  ONI, NI and SI

 [ ]  DNIC [ ]  MNC [ ] IIN

1. Quantity of codes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The area of activity in which the code will be used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Scheduled beginning of the code use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTACHED:

1. The document certifying the authority to sign the application, \_\_\_\_pages;
2. Copy of the certificate on the registration of the undertaking issued by the Institution on the registration of the legal entities of the foreign state, \_\_\_\_\_\_\_pages.
3. Completed IIN registration application, in case of a request to approve the IIN registration application, \_\_\_\_\_pages.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature)\* (name, surname)

\* when the application is filled in paper form