



REPORT OF SATELLITE COMMUNICATION OPERATION AND SERVICE PROVIDER FOR THE YEAR /HALF YEAR/ OF 20...

Name of Entity:

Registry number:

Province, city:

Soum, district:

Satellite communication operation and service
provider entities shall fill and submit this form to
CRC before 20 Feb of next year and 01 Aug.

INDICATOR		Row number	Confidentiality level	Unit	Total	Description
1		2	3	4	5	6
I. САНХҮҮГИЙН ҮЗҮҮЛЭЛТҮҮД						
Statutory fund amount		1	H1	1000 MNT		
Of which, by ownership	State owned	2				
	Private	3				
	Joint venture	4				
Total revenue		5	H1			
Total expense		6				
Investment made during the report period	With own investment	7				
	With loan investment	8				
	With other sources	9				
	Total (Row: 7-9)	10				
Revenue (tax) paid to the State budget	Social Insurance Fee	11	H2			
	Corporate Income Tax	12				
	VAT	13				
	Personal Income Tax	14				
	Customs tax	15				
	Other taxes and fees	16				
	Total revenue (tax) (Row: 11-16)	17				
II. HUMAN RESOURCE INDICATORS						
Number of total employees		18	H2	Number		
Of which: by age	Up to 24	19				
	25-29	20				
	30-34	21				
	35-39	22				
	40-44	23				
	45-49	24				
	50-54	25				
	55 and more	26				
Of which: by sex	Male	27				
	Female	28				
Of which: by education level	Elementary education	29				
	High school education	30				
	Elementary professional	31				
	Diploma or specialized high school education	32				
	Bachelor or higher	33				
Professional employees	Electronic engineer	34				
	Computer engineer	35				

Professional employee	Radio communication engineer	36	H1	MNT				
	IT engineer	37						
Of which: with prefix	Educational doctor	38						
	Scientific doctor	39						
	Consultant engineer	40						
	Qualified engineer	41						
Average monthly salary	Director, CEO	42						
	Department manager	43						
	Engineer, technician	44						
	Economist, finance, accountant	45						
	Assistant	46						
	Service person	47						
	Other	48						
Monthly average salary of employees of the entity	49							
III. CUSTOMER INDICATORS								
Total customers	In Ulaanbaatar	50	H2	Number				
	In Province(s)	51						
	In Sums and settled areas	52						
Of which: number of calling service customers	Postpaid	53						
	Prepaid	54						
Number of internet users with speed up to 256kbps	Postpaid	55	H2	Number				
	Prepaid	56						
Number of internet users with speed more than 256kbps	Postpaid	57						
	Prepaid	58						
IV. CONSUMPTION								
Calls made within the satellite communication network /month/	Postpaid	59	H1	Minute				
	Prepaid	60						
Calls made to other satellite communication networks /month/	Postpaid	61						
	Prepaid	62						
Internet traffic	Postpaid	63	H1	kbps				
	Prepaid	64						
V. SATELLITE MOBILE COMMUNICATION SERVICE								
Satellite communication	Iridium	65		Number				
	Inmarsat	66						

system type	Globalstar	67	H2	number			
	Other	68					
Capacity of satellite communication lease channel	Iridium	69		kbps			
	Inmarsat	70					
	Globalstar	71					
	Other	72					
VI. SERVICE TARIFF							
Postpaid customer	1-р хавсралтаар дэлгэрэнгүй ирүүлэх	73		H2	1000 MNT		
Prepaid customer		74					
Lease tariff		75					
International lease		76	H1				
VII. SERVICE QUALITY INDICATORS							
Damage or delay occurred to satellite mobile communication system	78	H1	hour				
International calls failed to connect	79		Number				
Operational years	80	H2	Number				
Station number, capacity and other information shall be submitted by the Appendix No. 2.	81	H1					

Confidentiality level of the information:

H1 - To be used for the Regulatory Commission only. /Not to be disclosed to public/

H2 - To be used for developing annual communication market report.

***We declare that the information, reference and materials we provided on this form is complete and true. We hereby confirm that we understand that if the information, reference and materials provided on this form is false or incorrect, or incomplete, it'll become a reason to refuse to register or to revoke the license. We confirm that we made this report true and correct.

Prepared by:

/Job title, name, signature/

Reviewed and agreed by:

/Director, name, signature, stamp/

Date: YYYY MM DD

Tel:

Fax:

No	Name and model of VSAT station	Number	Satellite name	Whether it's leased or not, where (If it's not owned)	Power	Location
1						
2						
3						
4						
...						
	Total					

APPENDIX 1

Longitude	Latitude	Elevation above sea level

