

Report for the Subscriber Number Held by the Licensee

(as at 30 June / 31 December *)
 (* Delete where inapplicable and specify the year)

Name of Company: _____

Licence No.: _____

Subscriber Number Held by the Licensee

(1) the quantity of subscriber number allocated to the licensee as shown in the “The Numbering Plan for Telecommunications Services in Hong Kong” issued by the CA ¹ irrespective of whether the subscriber numbers has been assigned to a customer ²	
(2) in relation to item (1), the accumulated quantity of subscriber number allocated to another licensee that is ported in to the licensee’s network ³	
(3) in relation to item (1), the accumulated quantity of subscriber number allocated to the licensee that is ported out from the licensee’s network ⁴	
(4) in relation to item (1), the accumulated quantity of subscriber number assigned, as authorized by the Authority, to another licensee (who has made payment of the licence fee for such number under its licence) (Note: licensee should not report such subscriber number unless assignment of number to another licensee has been authorized by the Authority)	
(5) in relation to item (1), the accumulated quantity of subscriber number allocated to the licensee and is subsequently returned to the CA	
(6) Sum of accumulated subscriber numbers allocated = (1) + (2) - (3) - (4) - (5)	

¹ The licensee should refer to Annex 1 in preparing its report.

² For the avoidance of doubt, the unified carrier licensee is required to report the number with prefix 300(1-9) and 30(1-9) allocated to it.

³ In general, if a ported number is relinquished (“relinquished number”), it should be returned to the original donor network operator (“DNO”). For the avoidance of doubt, the relinquished number which has been returned to the original DNO should be treated as the subscriber number not ported out from the network of DNO whereas the relinquished number which has not been returned to the original DNO should be regarded as the subscriber number ported in to the network of the recipient network operator.

⁴ ditto

Name of Person Submitting this Form:	
Position:	
Contact Telephone Number:	
Fax No.:	
E-mail:	
Date of Submission:	
Signature and Company Chop:	