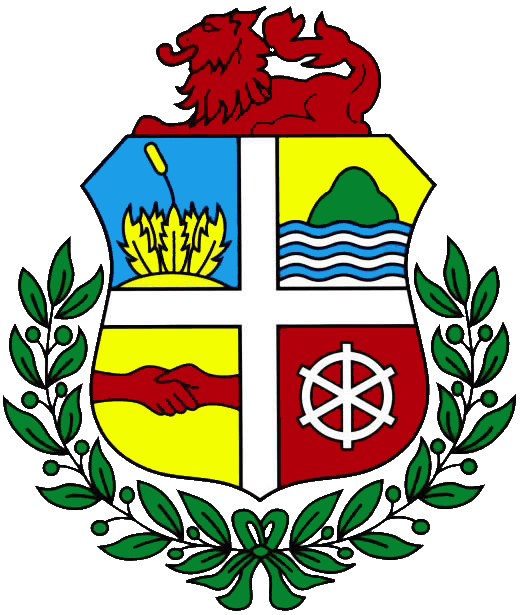
DIRECTIE TELECOMMUNICATIEZAKEN (DTZ)



**ARUBA**

DIRECTORATE OF TELECOMMUNICATIONS AFFAIRS

RUMBASTRAAT 19

+297-582-6069

+297-582-5307

[dirtelza@dtz.aw](mailto:dirtelza@dtz.aw)

[www.dtz.aw](http://www.dtz.aw)

**REGISTRATION FORM GENERAL AUTHORIZATION FOR THE USE OF**

**SATELLITE PHONE IN ARUBA *(maximum 3 Satellite Phones)***

**Request New Authorization**  **Request Renewal**

**Applicant information**

**Name of company applying for authorization:** Click here to enter applying company name.

**Company e-mail :** Click here to enter company e-mail.

**Attention to (Representative) : Mr.  Mrs.  Miss** Click here to enter representative name.

**Representative e-mail :** Click here to enter e-mail representative.

**Authorization for Primary Entities**

**Governor**  **Parliament**  **Council of Minister**  **Government department**

**Coastguard**  **Military**  **National Security Services**  **Police Department**

**Airport**  **Harbor**  **ELMAR N.V.**  **WEB ARUBA N.V.**

**Court**  **Prison**

**Authorization for Network Operator**

**Fiber Optic**  **International**  **Cellular**  **Wi-Fi**  **Microwave**

**Authorization for Non-Primary Entities**

**Hotels**  **Bank**  **Factory**  **Assurance Company**

**Technical information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Model** | **IMEI #** | **Serial #** | **Satellite Provider** | **Purpose** |
| **1** | Enter Model # | Enter IMEI # | Enter Serial # | Enter Satellite Provider | Enter Purpose of use |
| **2** | Enter Model # | Enter IMEI # | Enter Serial # | Enter Satellite Provider | Enter Purpose of use |
| **3** | Enter Model # | Enter IMEI # | Enter Serial # | Enter Satellite Provider | Enter Purpose of use |

**Store information**

|  |  |  |
| --- | --- | --- |
| **#** | **Address** | **Define exact location (room/cabinet)** |
| **1** | Enter Address | Enter exact location |
| **2** | Enter Address | Enter exact location |
| **3** | Enter Address | Enter exact location |

**Personnel responsible information**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name personnel responsible** | **E-mail** | **Cellular** |
| **1** | Enter Personnel responsible | E-mail | Cellular |
| **2** | Enter Personnel responsible | E-mail | Cellular |
| **3** | Enter Personnel responsible | E-mail | Cellular |

**Additional information**

|  |  |
| --- | --- |
| **1** | Enter additional information |
| **2** | Enter additional information |
| **3** | Enter additional information |

**Please check attached product documentation and paste the require info below**

**Invoice**

**Disaster Relieve Plan / Contingency plan**

**Technical information old Satellite Phone in case of replacement *(Model #, IMEI # and Serial #)***

Paste a copy of invoice here.

Paste a copy of disaster of contingency plan here (at least the pages that describe the use of satellite phones.

Paste pictures containing information of the satellite phone that needs to be replaced.

**Financial information**

**Please attach proof of payment**

Paste a copy of proof of payment here.

**Mailing address**

Application should be mailed to [dirtelza@dtz.aw](mailto:dirtelza@dtz.aw) and a cc. to [iz@dtz.aw](mailto:iz@dtz.aw).

**Download Application Form**

Application form is to be found on our website [www.dtz.aw](http://www.dtz.aw)/formulieren in tab “Formulieren” (forms).

Look for the following document “Registration Form General Authorization For The Use Of Satellite Phone In Aruba”.

**Additional payment information**

Processing of your request will start upon receipt of the payment of AWG. 307.50. This amount consist of AWG 300.00 according to our law article 1 sub e “Lb ham Retributies en Legesbesluit Directie Telecommunicatiezaken 2007” (AB 2007 no.119) and the local bank charges of AWG. 7.50.

The exchange rate is: USD. 1.00= AWG. 1.78. So AWG. 307.50 : 1.78= USD. 172.75.

It is safer to transfer **USD. 173.00 per each general authorization request** to avoid shortage in case of exchange fluctuations.

The annex below contains the bank transfer information.

**Transfer information**

**Transfer in Euro’s to RBC Royal Bank (Aruba) N.V.**

Transfer method: Swift MT 103

Correspondent bank: ING Bank N.V., Brussels, Belgium

Correspondent swift code: BBRUBEBB

Swift code of RBC Royal Bank (Aruba) N.V. (field 57a)A: RBTTAWAW

Address of RBC Royal Bank (Aruba) N.V.: Italiëstraat 36, Oranjestad, Aruba

By order of (field 50a):

Ordering customer full name (initials only not allowed)

Address ordering customer (street and number, only, country). This field is mandatory. P.O Box addresses will not be accepted.

In favor of/beneficiary (field 59):

Beneficiary account number: **30.71.0733**

Beneficiary full name (initials only not allowed): **Directie Telecommunicatiezaken**

Address beneficiary (street and number, city, country). This field is mandatory. P.O. Box addresses will not be accepted: **Rumbastraat 19**

Details of payment (field 70): Invoice number and clients name. This field is mandatory

**Local bank charges:** **AWG. 7,50**

**Transfer in US dollars to RBC Royal Bank (Aruba) N.V.**

Transfer method: Swift MT 103

Correspondent bank: Wells Fargo bank, N.A.

Correspondent swift code: PNBPUS3NNYC

Correspondent ABA code: 026005092

Swift code of RBC Royal Bank (Aruba) N.V. (field 57a)A: RBTTAWAW

Address of RBC Royal Bank (Aruba) N.V.: Italiëstraat 36, Oranjestad, Aruba

By order of (field 50a):

Ordering customer full name (initials only not allowed)

Address ordering customer (street and number, only, country). This field is mandatory. P.O Box addresses will not be accepted.

In favor of/beneficiary (field 59):

Beneficiary account number: **30.71.0733**

Beneficiary full name (initials only not allowed): **Directie Telecommunicatiezaken**

Address beneficiary (street and number, city, country). This field is mandatory. P.O. Box addresses will not be accepted: **Rumbastraat 19**

Details of payment (field 70): Invoice number and clients name. This field is mandatory

**Local bank charges:** **AWG. 7,50**

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT **REC ROYAL BANK** SERVICE LINE AT (0297) 568.01.01 DURING OFFICE HOURS FROM 8:00 AM TO 4:00 PM