



**Bangladesh Telecommunication Regulatory Commission
IEB Bhaban, Ramna, Dhaka-1000.**



Short Code Application Form

1. Name of the Organization:

2. Name and Designation of Applicant:

3. Postal Address

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4. Registered office address (if different from 3)

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5. Contact Person

Name:

Telephone/Cellphone number:

Fax number:

E-mail address (for all official correspondence):

6. Intended Category (A/B/C/D/E, as per allocation procedure):

7. Description of the intended use of code (including qualitative and
quantitative characteristics of the service)

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8. Estimated starting date of service

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9. Type of Service (Voice/ IVR/ SMS):

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10. Application should be submitted along with a letterhead-pad along with this form and following supporting documents:

- a) Service detail;
- b) Updated Trade License;
- c) Institutional TIN Certificate;
- d) Updated Income TAX Clearance Certificate;
- e) VAT Registration Certificate;
- f) Network and Connectivity Diagram;
- g) Memorandum of Article of Association;
- h) Certificate of Incorporation;
- i) License/ Permission copy of service from concern authority;
- j) TVAS enlistment certificate for Telecommunication Value Added Service
- k) **For government organizations**, vetting/authorizations from parent authority (for example: Departments should submit recommendation letter from concerned ministry/Division, Administrative/Execution branches of government departments should apply through Headquarter/Central Divisions etc)

11. Did your organization applied before for short code: (Yes/No)

Declaration:

1. I certify that the information/documents provided in this application are true and correct and I undertake to comply with the terms and conditions stated in the short code allocation procedure.
2. I understand that if at any time any information furnished for obtaining short code is found incorrect then the code if granted on the basis of such application shall be cancelled and shall be liable for action as per Bangladesh Telecommunication Regulation Act, 2010.

Signature of authorized person

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Name:

Position:

Date & Place.....