



Notification form for a single Issuer Identifier Number for cards to identify accounts for charging telecommunication services (including sub-assignment)

To be returned to:

INTERNATIONAL TELECOMMUNICATION UNION
TELECOMMUNICATION STANDARDIZATION BUREAU
PLACE DES NATIONS, CH-1211 GENEVE 20,
SWITZERLAND
Fax: +41 22 730 5853; E-mail: tsbtson@itu.int

A. TO BE COMPLETED BY APPLICANT (Card Issuer*)

Name or organization (card issuer/sub-assignee)	
Address to be registered (maximum two lines, 30 characters per line)	
Principal contact in organization	
Telephone number +	E-mail (preferably a functional or shared mailbox)
Address for correspondence	
Additional contact in organization	
Telephone number +	E-mail (preferably a functional or shared mailbox)
Address for correspondence	
Effective date of usage or cancellation	
Date	Signature:

Note*: In case of sub-assignment, only the IIN assignee should complete PART A, not the sub-assignee. If the Administration assigns a smaller amount of numbering resources, the entity identified by INoS should complete PART A.

B. TO BE COMPLETED AND APPROVED OR NOTED IN CASE OF SUB-ASSIGNMENT BY THE ADMINISTRATION (NATIONAL NUMBERING PLAN ADMINISTRATOR) OF THE COUNTRY CODE OR DULY AUTHORIZED COORDINATING ORGANIZATION

- a) Action requested (check appropriate box)
Assignment Modification Cancellation
- b) Major industry identifier (MII): 89
- c) Country code (CC): _____ (according to Recommendation ITU-T E.164)
- d) Issuer Identifier Number (IIN): _____ (according to Recommendation ITU-T E.118)
- e) Identifier Number of the Sub-assignee (INoS) if applicable: _____
(according to Recommendation ITU-T E.118)

Name of approving/noting Administration	
Date	Signature

C. TO BE COMPLETED BY ITU TSB

Issuer Identification Number notified or cancelled	Date:													
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