

## Notification of operations subject to the

Swedish Electronic Communication Act, Chapter 2 § 1 (2003:389)

Post- och telestyrelsen Post Box 5398 S- 102 49 STOCKHOLM, Sweden



More information?

Please fill in the form with your computer if possible or write very distinctly with capital letters
Sign the form and send it to pts@pts.se
Attach a registration form from the Chamber of commerce or equivalent. .

1. Notificat  Notification	ion/ withdra	wal/ updating						
_	es (for example ne	w address, e-mail, cont	tact nerson.	Tel. No.	):			
☐ Withdrawal of no		w dadress, e man, com	<u></u>		.,, .			
Withdrawai of no	liication							
2. Contact p								
First name and surname of contact person:								
E-mail address to contact person:				Telephone No.:			Mobile No:	
		e company notif	ying			T		
Name of Company/ undertaking				Registr		Registratio	stration No.:	
Address:								
Postal code:	City/ District:					Country		
E-mail address to company			Telephone No. to company:		Website:			
4. Provision of (kind of notified activity)  Public communication networks:  Radio-based access network Other access network Other communication networks  Pixed call service Fixed IP-based call service Internet service Other public electronic communication service Specify:  5. Start date (or withdrawal date) and turnover  Start date or withdrawal date for Turnover for entire operations last Turnover of operation last completed financial							inication service	
activities subject to notification obligation completed financial year					activities subject to notification (only if operations have been carried out more than one year or longer).			
6. Short description of the operations that will be conducted:								
7. Signature								
Signature (authorised	signatory):							
Print name/ clarification of signature.					Place and date:			