**Form D – Mobile Network Code (MNC) Confirmation of Usage**

Forms shall be submitted to the IMSI Administrator annually, as requested.

|  |  |
| --- | --- |
| **Date:****(YYYY-MM-DD)** |  |

**Code Holder Information**

|  |  |
| --- | --- |
| **Entity Name:**  |  |
| **OCN:****(if available)** |  |

**Entity Contact Information**

Provide updated contact information where appropriate.

|  |  |
| --- | --- |
| **Contact Name:** |  |
| **Address:** |  |
| **City:** |  |
| **Province:** |  |
| **Postal Code:** |  |
| **Telephone:** |  |
| **Email:** |  |

**MNC(s) Assigned to Entity and In-Use Status**

List each MNC assigned to the Entity and indicate whether they are in use or not.

|  |  |  |
| --- | --- | --- |
| **Item** | **MNC (in numerical order)** | **In Use (Yes/No)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |
| **10** |  |  |

Add rows if required.

**Notes/Comments**

Provide any additional notes or comments regarding the assigned codes in the box below.

|  |
| --- |
|  |