



## APPLICATION FOR MODIFICATION ON A VALIDATED BILL

Lodgment number:

### 1. Details of Applicant

Name of Carrier or Freight Forwarder:

### 2. Details of bill for modification

Manifest Number	Date of departure	Bill number	Information to be modified

### 3. Reason for modification(s)

Please provide reasons here:

(Note: Attach other relevant documents for verifications to this request )

*If space is insufficient, please attach extra pages.*

Person requesting modification( signature):

Name:

Date:

### For official use only

Approval	Modification
Modification application approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Modification executed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorized officer (signature):	Processing officer (signature):
Name:	Name:
Date:	Date: