

Hello Tomorrow



## SHIPPER CONSIGNEE AMENDMENT FORM

Airway Bill: \_\_\_\_\_ Origin  Destination

Nature of Goods: \_\_\_\_\_ No. Of Pieces  Weight

Flight Number & Date

Special Handling Code

Amend Shipper

Current Shipper details with contact Numbers		Revised Shipper details with contact Numbers	
Shipper Name	<input type="text"/>	Consignee Name	<input type="text"/>
Street Address	<input type="text"/>	Street Address	<input type="text"/>
P.O.Box	<input type="text"/>	P.O.Box	<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>
Place Location	<input type="text"/>	Place Location	<input type="text"/>
PIN/ZIP Code	<input type="text"/>	PIN/ZIP Code	<input type="text"/>
Country	<input type="text"/>	Country	<input type="text"/>
Contact Phone	<input type="text"/>	Contact Phone	<input type="text"/>
Fax	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

Amend Consignee

Current Consignee details with contact Numbers		Revised Consignee details with contact Numbers	
Consignee Name	<input type="text"/>	Consignee Name	<input type="text"/>
Street Address	<input type="text"/>	Street Address	<input type="text"/>
P.O.Box	<input type="text"/>	P.O.Box	<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>
Place Location	<input type="text"/>	Place Location	<input type="text"/>
PIN/ZIP Code	<input type="text"/>	PIN/ZIP Code	<input type="text"/>
Country	<input type="text"/>	Country	<input type="text"/>
Contact Phone	<input type="text"/>	Contact Phone	<input type="text"/>
Fax	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

Remarks

- \* Shipper / Consignee detail must have all the communication details including FAX and Email
- \* Additional charges will apply for this request
- \* Amendmnet is subject to the destination local approvals if the shipment is already departed