

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	Consignee Name
Street Address	Street Address
P.O.Box	P.O.Box
City	City
Place Location	Place Location
PIN/ZIP Code	PIN/ZIP Code
Country	Country
Contact Phone	Contact Phone
Fax	Fax
Email	Email

Amend Consignee

	Revised Consignee details with contact Numbers
	Consignee Name
Street Address	Street Address
P.O.Box	P.O.Box
City	City
	Place Location
PIN/ZIP Code	PIN/ZIP Code
	Country
	Contact Phone
Fax	Fax
Email	Email

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

* PLEASE NOTE THAT A COPY OF A PHOTO ID IS REQUIRED FROM THE PERSON REQUESTING THE AMENDMENT.