**ANNEX E.**

**AMENDMENT FORM**

*Note: This form is not for sale.*

**TO BE FILLED UP BY DSWD**

Date of Receipt of Application *(mm/dd/yyyy)*:

Time of Receipt of Application *(hh:mm:ss):*

Date of Release of the Permit (*mm/dd/yyyy)*:

Time of Release of the Permit (*hh:mm:ss):*

Tracking No.:

The following are the information that can be amended/changed/updated:

1. Applicant’s Information
2. Person
3. Non-government Organization, Civil Society Organizations, Faith-based Organization, Social Welfare & Development Agency (SWDA), Organized Groups
4. Beneficiaries
5. Coverage
6. Methodology
7. Program Project or Service to be delivered

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. APPLICANT’S PERSONAL INFORMATION** | | | | | |
| 1. *Person (Last Name, Given Name, Suffix, Middle Name* | | | | | |
| **Address and Contact Details of the agency/organization**  House/Bldg. No. Name of Building Lot No. Block No. Street Name Subdivision Barangay  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Subdivision City/Municipality Province ZIP Code | | | | | |
| Telephone No. | | | | | |
| 1. *Non-government Organization, Civil Society Organization, Faith-based Organization, Social Welfare & Development Agency (SWDA), Organized Groups* | | | | | |
| **Name of the agency/organization:** | | | | | |
| **Address and Contact Details of the agency/organization**  House/Bldg. No. Name of Building Lot No. Block No. Street Name Subdivision Barangay  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Subdivision City/Municipality Province ZIP Code | | | | | |
| Tell No. | | Mobile No. | | | Email Address: |
| Head of the Agency *(Last Name, Given Name, Suffix, Middle Name* | | | | | |
| Tell No. | | Mobile No. | | | Email Address: |
| Representative of the Agency  *(Last Name, Given Name, Suffix, Middle Name)* | | | Designation | | |
| Address and Contact Details  House/Bldg. No. Name of Building Lot No. Block No. Street Name Subdivision Barangay  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Subdivision City/Municipality Province ZIP Code | | | | | |
| Tell No. | | Mobile No. | | | Email Address: |
|  | | | | | |
| **2. BENEFICIARIES** | | | | | |
| |  |  | | --- | --- | | **Type** | **Number of Beneficiaries** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | | |
| **3. COVERAGE** | | | | | |
| From | | | To | | |
| **4. METHODOLOGY** | | | | | |
| |  |  | | --- | --- | | Tickets, Ballots, Cards & Similar Forms | *(Please specify the target no.: ie. 100 tickets, 5 ballots etc..)* | | Donation Boxes, Coin Banks & Similar Forms | *(Please specify the target no. per method)* | | Benefit Shows (concerts, fashion shows, and other forms of entertainment) | *(Please specify the target no. per method)* | | Photos or Painting Exhibits & Similar Forms | *(Please specify the target no. per method)* | | Written Requests (Letters of Appeal, Envelopes, Greeting Cards & Similar Forms) | *(Please specify the target no. per method)* | | Distribution, circulation, publication, or posting of written advertisement or other similar forms; | *(Please specify the target no. per method)* | | Mass Media campaign (Radio, Television, Cinema, Magazines, Newspapers, Billboards & Similar Forms) | *(Please specify the target no. per method)* | | Sports Activities (Fun Runs, Marathons, Cycling & Similar Activities) | *(Please specify the target no. per method)* | | Sale of Goods (Rummage Sale, Garage Sale & Similar Forms) | *(Please specify the target no. per method)* | | Text Messages and Social Media (Facebook, X, Instagram, TikTok) | *(Please specify the target no. per method)* | | Popularity contests, beauty pageants, and other events which requires the contestants to conduct  public solicitations | *(Please specify the target no. per method)* | | Other methodologies that may be allowed by the DSWD, the PSWDO, the CSWDO, or the MSWDO | *(Please specify the target no. per method)* | | | | | | |
| **5. Program/Project or Service to be delivered** | | | | | |
| **Projected Total Amount to be Raised (PhP)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Purpose/**  **Objective of the Solicitation Activity** |  | | | | |
| **Targeted Date (Period) for the Public Solicitation** | **Start Date (mm/dd/yyyy)** | | | **End Date (mm/dd/yyyy)** | |
|  | | |  | |
| **Targeted Beneficiaries**   |  |  |  | | --- | --- | --- | | **Type** | **Number of Beneficiaries** | **Target Areas** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | |
| Upon submission of this application, I hereby certify that the foregoing information/statement is to my knowledge, true, correct, complete, and updated.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **SIGNATURE OF APPLICANT/AGENCY HEAD** | | | | | |