**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**  |