

P.O.Box: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

## ACTIVITY AMENDMENT REQUEST

- Company Name: \_\_\_\_\_ ▪ Lic No: \_\_\_\_\_
- Licence Type: \_\_\_\_\_ ▪ Licence Status: ☐ Renewal /Amendment  
☐ Amendment Only
- Facility Type: \_\_\_\_\_
- Categories Name: ☐ Group (1) Code / Name: \_\_\_\_\_  
☐ Group (2) Code / Name: \_\_\_\_\_

NO	Code	Proposed Activity (New)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		

Current Activities (To Be Deleted) / Comments		

For NIP Authority Management sign	For NIP Authority Recipient Request	Applicant Details Licence Holder sign
<input type="checkbox"/> No Objection <input type="checkbox"/> Awaiting / Need Correction <input type="checkbox"/> Reject	▪ Name ▪ Singature & Stamp ▪ Date:	▪ Name ▪ Singature & Stamp ▪ Date: