Registrar Contact Update Form

REGISTRAR INFORMATION

IANA ID #:   _____

Registrar (Full Company Name):   _____

REGISTRAR CONTACT INFORMATION

Unless specified as "optional," all fields must be completed for each contact type. Complete only the contact type(s) you want to update.

To update addresses (e.g. Billing, Legal Notice, Public), login to the Naming Services portal.

By submitting my personal data, I agree that my personal data will be processed in accordance with the ICANN Privacy Policy, and agree to abide by the website Terms of Service.

Abuse Contact

First Name				
Last Name				
Email				
Primary Phone	Country Code		Number	
Secondary Phone (optional)	Country Code		Number	
Fax (optional)	Country Code		Number	
Check this box if you would like this contact to be credentialed			☐	

Billing Primary Contact

First Name				
Last Name				
Email				
Primary Phone	Country Code		Number	
Secondary Phone (optional)	Country Code		Number	
Fax (optional)	Country Code		Number	
Check this box if you would like this contact to be credentialed			☐	

Billing Secondary Contact (optional – must be different email from billing primary)

First Name				
Last Name				
Email				
Primary Phone	Country Code		Number	
Secondary Phone (optional)	Country Code		Number	
Fax (optional)	Country Code		Number	
Check this box if you would like this contact to be credentialed			☐	

Compliance Contact

First Name				
Last Name				
Email				
Primary Phone	Country Code		Number	
Secondary Phone (optional)	Country Code		Number	
Fax (optional)	Country Code		Number	
Check this box if you would like this contact to be credentialed		▭		

Legal Notice Contact

First Name				
Last Name				
Email				
Primary Phone	Country Code		Number	
Secondary Phone (optional)	Country Code		Number	
Fax (optional)	Country Code		Number	
Check this box if you would like this contact to be credentialed		▭		

Public Contact

First Name				
Last Name				
Email				
Primary Phone	Country Code		Number	
Secondary Phone (optional)	Country Code		Number	
Fax (optional)	Country Code		Number	
Check this box if you would like this contact to be credentialed		▭		

TEAC Contact

First Name				
Last Name				
Email				
Primary Phone	Country Code		Number	
Secondary Phone (optional)	Country Code		Number	
Fax (optional)	Country Code		Number	
Check this box if you would like this contact to be credentialed		▭		

Transfer Contact

First Name				
Last Name				
Email				
Primary Phone	Country Code		Number	
Secondary Phone (optional)	Country Code		Number	
Fax (optional)	Country Code		Number	
Check this box if you would like this contact to be credentialed		▭		

UDRP Primary Contact

First Name				
Last Name				
Email				
Primary Phone	Country Code		Number	
Secondary Phone (optional)	Country Code		Number	
Fax (optional)	Country Code		Number	
Check this box if you would like this contact to be credentialed			⬜	

UDRP Secondary Contact (optional – must be different email from UDRP primary)

First Name				
Last Name				
Email				
Primary Phone	Country Code		Number	
Secondary Phone (optional)	Country Code		Number	
Fax (optional)	Country Code		Number	
Check this box if you would like this contact to be credentialed			⬜	

WHOIS Contact

First Name				
Last Name				
Email				
Primary Phone	Country Code		Number	
Secondary Phone (optional)	Country Code		Number	
Fax (optional)	Country Code		Number	
Check this box if you would like this contact to be credentialed			⬜	