
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, Corporate, 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	<input type="text"/>		
Last Name	<input type="text"/>		
Email	<input type="text"/>		
Primary Phone	Country Code	<input type="text"/>	Number <input type="text"/>
Secondary Phone (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Fax (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Check this box if you would like this contact to be credentialed <input type="checkbox"/>			

Billing Primary Contact			
First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Email	<input type="text"/>		
Primary Phone	Country Code	<input type="text"/>	Number <input type="text"/>
Secondary Phone (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Fax (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Check this box if you would like this contact to be credentialed <input type="checkbox"/>			

Billing Secondary Contact (optional – must be different email from billing primary)			
First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Email	<input type="text"/>		
Primary Phone	Country Code	<input type="text"/>	Number <input type="text"/>
Secondary Phone (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Fax (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Check this box if you would like this contact to be credentialed <input type="checkbox"/>			

Compliance Contact

First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Email	<input type="text"/>		
Primary Phone	Country Code	<input type="text"/>	Number <input type="text"/>
Secondary Phone (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Fax (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Check this box if you would like this contact to be credentialed <input type="checkbox"/>			

Corporate Contact

First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Email	<input type="text"/>		
Primary Phone	Country Code	<input type="text"/>	Number <input type="text"/>
Secondary Phone (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Fax (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Check this box if you would like this contact to be credentialed <input type="checkbox"/>			

Public Contact

First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Email	<input type="text"/>		
Primary Phone	Country Code	<input type="text"/>	Number <input type="text"/>
Secondary Phone (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Fax (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Check this box if you would like this contact to be credentialed <input type="checkbox"/>			

TEAC Contact

First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Email	<input type="text"/>		
Primary Phone	Country Code	<input type="text"/>	Number <input type="text"/>
Secondary Phone (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Fax (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Check this box if you would like this contact to be credentialed <input type="checkbox"/>			

Transfer Contact

First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Email	<input type="text"/>		
Primary Phone	Country Code	<input type="text"/>	Number <input type="text"/>
Secondary Phone (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Fax (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Check this box if you would like this contact to be credentialed <input type="checkbox"/>			

UDRP Primary Contact

First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Email	<input type="text"/>		
Primary Phone	Country Code	<input type="text"/>	Number <input type="text"/>
Secondary Phone (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Fax (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Check this box if you would like this contact to be credentialed <input type="checkbox"/>			

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

First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Email	<input type="text"/>		
Primary Phone	Country Code	<input type="text"/>	Number <input type="text"/>
Secondary Phone (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Fax (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Check this box if you would like this contact to be credentialed <input type="checkbox"/>			

WHOIS Contact

First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Email	<input type="text"/>		
Primary Phone	Country Code	<input type="text"/>	Number <input type="text"/>
Secondary Phone (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Fax (optional)	Country Code	<input type="text"/>	Number <input type="text"/>
Check this box if you would like this contact to be credentialed <input type="checkbox"/>			