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# 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"/>

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"/>

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"/>

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**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"/>

**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"/>

**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"/>

**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"/>

**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"/>

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**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"/>

**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"/>

**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"/>