



Please fax the completed form to Sales Admin at Afilias, **FAX: +1 215-706-5701**

ccTLD Contact Data Form

Instructions

Your Information

- **Phone/Fax Numbers:** Please make sure phone and fax numbers include the country and area codes.
- **E-mail Address (Normal notifications):** Please provide an e-mail address where regular notifications will be sent. These could include notifications about new services, maintenance windows, and other important announcements.
- **E-mail Address (Low credit notifications):** Please provide an e-mail address where low-credit notifications will be sent. As a low-credit balance may affect your ability to register domains, please make sure the address provided is actively monitored.
- **E-mail Address (Urgent notifications):** Please provide an e-mail address where urgent notifications from Afilias will be sent. This should typically go to an e-mail pager or to a mailbox that is monitored frequently.
- **Web Site URL:** Please provide the URL of your primary business Web site. This URL will be used for all referrals from Afilias to your company.
- **Telephone Security Passphrase:** When any of your authorized contacts calls Afilias Tech Support, your contact must provide their passphrase. Callers without valid passphrases cannot be assisted. Different contacts can have different passphrases. Passphrases can be one or more words.

Contact Information

Please provide a minimum of one Administrative, one Technical, and one Billing contact. If you provide more than one of any type of contact, please list them in the preferred order of contact. One person can serve as all three contacts.

Each contact must provide a Security Passphrase. Afilias support staff will verify the correct Passphrase for that contact before any actions will be performed.

Afilias will also operate a mailing list where outage notifications will be sent. The first Administrative and Technical contacts will be added to this mailing list. If you wish to add other contacts, please place a check in the box for each contact to be added.

Corporate Executive Contacts: Please provide the contact information for your company's Chief Executive Officer, President, and Legal Representative.

Administrative Contacts: Administrative Contacts are your primary representatives. They should have the decision-making ability to act on your behalf on matters related to your account, as well as business, contractual, legal, billing, credit, requirements, and technical issues.

Technical Contacts: Technical Contacts are your technical, systems, and operations representatives. They should be responsible for your operations and have the decision-making ability to act on your behalf in technical-related issues.

Billing Contacts: Billing Contacts are your financial and billing representatives. They should have the decision-making ability to act on behalf of the registrar on financial, credit, and billing-related matters. Afilias will send invoices to the Billing Contacts.

URLs

Please provide the URLs of 1) Your home page, and 2) The legal agreement you have with domain name registrants.

Time Zones

Please provide us with the best time for Afilias staff to contact the listed contacts. Please also provide the time difference in hours between your office location and UTC/GMT. When giving us times, please note for us what time zone you are noting ("9:00 am to 5:00 pm Eastern Time"). For UTC reference, please see:

<http://www.timeanddate.com/worldclock/>

Languages

Please list the languages for which you are able to provide customer support.

Comments

Please list any special instructions that our staff should be aware of when attempting to contact the listed contacts.

Contact Us:

Afilias
300 Welsh Road
Building 3, Suite 105
Horsham, PA 19044
USA
Phone: +1 215-706-5700
FAX: +1 215-706-5701

General Information

Company Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone Number: _____

Facsimile Number: _____

E-mail Address (Normal notifications): _____

E-mail Address (Low credit notifications): _____

E-mail Address (Urgent notifications): _____

Home Page URL: http://_____

URL of Registrar-Registrant Agreement: http://_____

Registrar Client Subnets

(maximum 2 subnets) _____

(maximum 64 hosts) _____

Chief Executive Officer

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

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President

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

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Attorney or Legal Representative

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

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Administrative Contact #1 (required)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Cell Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

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Administrative Contact #2 (optional)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

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Administrative Contact #3 (optional)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

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Technical Contact #1 (required)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Cell Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

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Technical Contact #2 (optional)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

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Technical Contact #3 (optional)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

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Billing Contact #1 (required)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

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Billing Contact #2 (optional)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

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Billing Contact #3 (optional)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

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