

CONTACT MODIFICATION FORM

Domain Name: _____

I authorize VIVANET GmbH to modify the following contact details for my domain name(s):
(please tick as required)

	Existing Details	New Details
<input type="checkbox"/> Name		
<input type="checkbox"/> Company Name		
<input type="checkbox"/> Email ID		

I am requesting for this change because

Attached herewith are the following documents to validate my request: (please tick)

- ☐ Company proof (Certification of Incorporation, Government Issued Registration Certificate/Document)
- ☐ Valid Government issued photo ID proof containing my signature (Passport Copy, Driver's license, ID Card)
- ☐ Other documents as requested by the Compliance Team in the support request.

Signature of the Current Domain Owner

Signature of the New Domain Owner