

Domain Name _____

SCHEDULE A

FORM 1 – FOR REGISTRANTS WHO ARE NOT INDIVIDUALS

Please print this form onto paper that displays your organization’s letterhead. Complete and sign the form and send it, along with a true copy of the photo identification, to Tucows. Some of the contact details that you enter in the “**Administrative Contact Details**” section of this form, may be displayed to the public (along with any existing technical contact details), in CIRA’s web-based WHOIS look-up system.

Please note that the Authorized Representative, is deemed by CIRA to be the authoritative agent for the Registrant that holds the domain name registration. This individual may, among other things, vote at CIRA elections and attend CIRA member’s meetings. Please ensure that the Authorized Representative that you indicate on this form has the appropriate authority to carry out these functions, both currently and in the foreseeable future.

**MANUAL CHANGE OF ADMINISTRATIVE CONTACT REQUEST, DECLARATION,
AUTHORIZATION, AND DIRECTION FORM**

PART A

MANUAL CHANGE OF ADMINISTRATIVE CONTACT REQUEST

ADMINISTRATIVE CONTACT DETAILS

You are required to enter your information for the following 12 fields. NOTE, if your information has changed, please submit the NEW information and not the old:

- 1. First Name:**
- 2. Last Name:**
- 3. New Email Address:**
- 4. Language (*En or Fr*):**
- 5. City:**
- 6. Street Address:**
- 7. Province:**
- 8. Postal Code:**
- 9. Country:**
- 10. Phone Number: (___)**
- 11. Other Phone Number (if applicable): (___)**
- 12. Fax Number (if applicable): (___)**

Enter information for any of the following contact details that you would also like to change/include:

Title (*Mr, Mrs, Ms, Dr*):

Middle Name:

Job Title:

Company Name:

Additional Delivery Information (i.e. Tower X or Department Name):

Mobile Number: (___)

PART B

Declaration, Direction, and Authorization for Manual Change of Administrative Contact Request

To: **CANADIAN INTERNET REGISTRATION AUTHORITY**
Re: **MANUAL CHANGE OF ADMINISTRATIVE CONTACT REQUEST PURSUANT TO THE MANUAL CHANGE OF ADMINISTRATIVE CONTACT POLICY, RULES, AND PROCEDURES**

I, _____, of _____, _____
First and Last Name of the Authorized Representative City/Town/Village etc. Province/Territory/State etc.

in the country of _____ am _____
Country Your position at the organization

of _____
Name of organization

I, AS THE REQUESTER, DO HEREBY:

- a) CERTIFY THAT I am validly authorized by the organization first noted above to submit this request and the organization first noted above is eligible to initiate the request according to the Manual Change of Administrative Contact Policy, Rules, and Procedures;
- b) CERTIFY THAT I am making this request in good faith on behalf of the organization first noted above;
- c) CERTIFY THAT I am making this request in full compliance with the Manual Change of Administrative Contact Policy, Rules, and Procedures;
- d) CERTIFY THAT the photo identification, attached hereto, in support of the manual change of administrative contact request is a true copy of the valid original photo identification.
- e) CERTIFY THAT the true copy of the photo identification, attached hereto, has not been mutilated, forged, falsified, corrupted, altered, tampered with, or in any other way whatsoever modified from the original document.
- f) DIRECT AND AUTHORIZE CIRA to make the requested changes as set out above in Part A of this Form
- g) CERTIFY THAT all the information set out in this declaration, authorization, and direction is a true and accurate statement of the facts contained herein.

DATED AT _____ this _____ day of _____, 20____
City day Month

Witness' Signature

Requester's Signature

Witness' Printed Name

Printed Name of Requester

Title or capacity of Witness

Title or capacity of Requester

Witness' Address

Address of Requester