



DomainPeople, Inc. Administrative Contact Change Form

INSTRUCTIONS:

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY AS THIS ADMINISTRATIVE CONTACT CHANGE FORM ("FORM") WILL CHANGE THE CURRENT ADMINISTRATIVE CONTACT INFORMATION FOR THE LISTED DOMAIN NAME(S).

1. This Form must be completed and signed by the Registrant of the domain name(s) listed on the Form.
2. If the Registrant is a company, this Form must be attached to a cover letter on company stationary/ letterhead and the cover letter AND this Form must be signed by an authorized representative of the Registrant company.
3. If the current registrant is an individual, then a copy of a valid government-issued picture identification must be attached to the Form.
4. The information submitted in this Form must be true, accurate, and complete.
5. This Form must be signed by the Registrant (or authorized representative of the Registrant company).
6. This Form must be sent to:
DomainPeople, Inc.
Bentall 5, Suite 200, 550 Burrard Street
Vancouver, British Columbia
Canada V6C 2B5
Fax: 604-688-9013

DOMAINPEOPLE WILL NOT PROCESS THE FORM IF IT DOES NOT COMPLY WITH ALL OF THE ABOVE REQUIREMENTS.

DOMAIN NAME(S): _____

ADMINISTRATIVE PASSWORD(S): _____

CURRENT ADMINISTRATIVE CONTACT (**same as Whois record*)

Name: _____
 Street Address: _____
 City: _____
 State/Province: _____
 Zip/Postal Code: _____
 Telephone: _____
 Facsimile: _____
 E-mail: _____

NEW ADMINISTRATIVE CONTACT

Name: _____
 Street Address: _____
 City: _____
 State/Province: _____
 Zip/Postal Code: _____
 Telephone: _____
 Facsimile: _____
 E-mail: _____

BY SIGNING THE FORM, THE REGISTRANT UNDERSTANDS, ACKNOWLEDGES, AND AGREES THAT THE CURRENT ADMINISTRATIVE CONTACT INFORMATION WILL BE CHANGED TO AND REPLACED BY THE THE NEW ADMINISTRATIVE CONTACT INFORMATION, AND THE REGISTRANT WILL ENSURE THAT THE NEW ADMINISTRATIVE CONTACT IS BOUND BY DOMAINPEOPLE'S REGISTRATION AGREEMENT AS FOUND AT <https://www.domainpeople.com/terms.html>, INCLUDING THE DISPUTE POLICY INCORPORATED THEREIN.

REGISTRANT (**must be same as Whois record*)

Registrant Name: _____

"I certify that I am the true current registrant or, for a corporate registrant, that I have the authority to sign for the current registrant."

Signature: _____
 Name & Title: _____
(if Registrant is a company)
 Street Address: _____
 City: _____
 State/Province: _____
 Country: _____
 Zip/Postal Code: _____
 Telephone: _____
 Facsimile: _____
 E-mail: _____