



DomainPeople, Inc. Registrant Name Change Application

INSTRUCTIONS:

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY AS THIS REGISTRANT NAME CHANGE APPLICATION ("RNCA") WILL TRANSFER OWNERSHIP OF THE LISTED DOMAIN NAME(S).

1. The information submitted in the RNCA must be true, accurate, and complete.
2. The current registrant must, in the presence of a notary public in good standing, sign the RNCA and have the RNCA notarized below.
3. The original notarized RNCA must be personally delivered, mailed (postage prepaid), or couriered to DomainPeople, Inc. at Bentall Tower 5, Suite 200, 550 Burrard Street, Vancouver, British Columbia, Canada, V6C-2B5.
4. If the current registrant is an individual, then a copy of a valid government-issued picture identification must be attached to the RNCA.
5. If paying by check or money order, then such payment must accompany and be delivered together with the RNCA.

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

DOMAIN NAME(S): _____ ADMINISTRATIVE PASSWORD(S): _____

PAYMENT METHOD (check one): VISA MasterCard American Express Certified Check Money Order

CREDIT CARD NUMBER: _____ EXPIRY DATE: _____

NAME ON CREDIT CARD: _____

BY SIGNING THE RNCA, EACH SIGNATORY ACKNOWLEDGES AND AGREES TO THE **US\$35.00** ADMINISTRATIVE FEE FOR EACH DOMAIN LISTED ABOVE AND THAT, IF PAYING BY CREDIT CARD, DOMAINPEOPLE IS HEREBY AUTHORIZED TO CHARGE TO THE CREDIT CARD NUMBER ABOVE THE TOTAL ADMINISTRATIVE FEES APPLICABLE TO THE RNCA. BY SIGNING THE RNCA, THE NEW REGISTRANT ACCEPTS AND AGREES TO BE BOUND BY DOMAINPEOPLE'S **REGISTRATION AGREEMENT** AS FOUND AT <https://www.domainpeople.com/terms.html>, INCLUDING THE DISPUTE POLICY INCORPORATED THEREIN.

CURRENT 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: _____

NEW REGISTRANT

Registrant Name: _____

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

SWORN BEFORE ME AT THE CITY OF _____
IN THE STATE/ PROVINCE OF _____
ON THIS _____ DAY OF _____, 20_____.

STAMP/ SEAL: