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# Registrar Primary Contact Update Form

## Instructions

Please use this form to report changes to the registrar's Primary and Secondary Contact information. Both contacts must be names of individuals. The form must be completed, signed and dated by the Primary Contact then emailed to [globalsupport@icann.org](mailto:globalsupport@icann.org). In the event the Primary Contact is no longer with the company, the Secondary Contact or an officer must sign the form.

Along with the Primary Contact, the Secondary Contact receives important announcements from ICANN regarding your accreditation, upcoming events, changes to existing policies, and more.

If the changes apply to multiple affiliated registrars with the same Primary Contact, please list the registrars in the Appendix below.

For more information or questions regarding this form, please refer to the [Registrar Contact Updates](#) page or email [globalsupport@icann.org](mailto:globalsupport@icann.org).

## Additional Contact Updates

To update additional contacts, download the [Registrar Contact Update Form](#).

The completed form should be emailed to [globalsupport@icann.org](mailto:globalsupport@icann.org).

## Portal Access

The registrar's Primary Contact is automatically credentialed for access to the Naming Services portal. To request the credentialing of additional users, the registrar Primary Contact should email a request from its credentialed email address to [globalsupport@icann.org](mailto:globalsupport@icann.org).

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# Registrar Primary Contact Update Form

IANA ID #: \_\_\_\_\_

Registrar (Full Company Name): \_\_\_\_\_

Unless specified as “optional,” all fields must be completed. The information updated below will become effective only upon ICANN’s acceptance of the update.

Registrar Primary Contact (This contact will automatically be credentialed)			
First Name			
Last Name			
Email			
Primary Phone	Country Code		Number
Secondary Phone (optional)	Country Code		Number
Fax (optional)	Country Code		Number
Address 1			
Address 2 (optional)			
Address 3 (optional)			
City			
State/Province/Region			
Postal Code			
Country			

Registrar Secondary Contact (Must be different email from registrar primary)			
First Name			
Last Name			
Email			
Primary Phone	Country Code		Number
Secondary Phone (optional)	Country Code		Number
Fax (optional)	Country Code		Number

I, the undersigned hereby attest that I am a duly authorized representative with proper authority and power to sign for this request in the name of the Registrar identified above and for all Registrars listed in the Appendix, if applicable; and that the information contained herein is true, accurate, and complete in all respects.

By submitting my personal data, I agree that my personal data will be processed in accordance with the ICANN [Privacy Policy](#), and agree to abide by the website [Terms of Service](#).

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

