



Change of Contact Details

This form is to be completed with all applicable details in the event that a Domain's Administrative Contact email address is no longer valid, and needs to be updated.

Please read the instructions below before filling out the form on the next page, be sure to include all relevant supporting documentation and send completed forms to

Information Brokers Pty. Ltd. on +61 3 9815 6800

If domain owner is an;

Individuals

1. Signed letter of request.
2. Copy of Business or ABN certificate/correspondence that matches the registrant name and registrant ID of the domain name.
3. Photo ID – Copy of current drivers licence (back and front) or passport.

Note: Photo ID & copy of certificate must be legible or request will be rejected.

Companies

1. Signed letter of request on Company Letterhead, signed by an authorised person for the Registrant.
2. Copy of ASIC, Business or ABN certificate/correspondence that matches the registrant name and registrant ID of the domain name.
3. Photo ID – Copy of current drivers licence (back and front) or passport for the person authorising this request.

Note: This information must belong to someone with demonstrable signing authority for the organisation. Photo ID & copy of certificate must be legible or request will be rejected.

What happens once we receive your form?

Upon receipt of your form, Information Brokers will verify the documentation and, if valid, make the requested update(s) to the domain name records. All requests will be processed within 5 business days from when it was received.



To: Information Brokers Pty. Ltd.
PO Box 2168,
Oakleigh, VIC, 3166

Date: ____ / ____ / ____

Re: Domain Name(s)

For Internal User Only

Received _____

Approved By _____

Completed _____

I, _____ being the CEO / Director / Business Owner / Individual
owning the above domain name(s) of _____
(Company, Business Name or Individual) request that the contact details for the above domain name(s) be
updated to the following:

Registrant Contact

Name _____

Organisation _____

Address _____ Suburb _____

State ____ Post Code ____

Phone (____) _____ Fax (____) _____

Email _____

Technical Contact

Name _____

Address _____ Suburb _____

State ____ Post Code ____

Phone (____) _____ Fax (____) _____

Email _____

IMPORTANT NOTICE: By submitting this form for an update of domain name contacts, you confirm that you are eligible to hold the domain name, and that all information provided in this application is true, complete & correct, and is not misleading in any way. If any of the information is later found not to be true, or is incomplete, incorrect, or misleading in any way, or if you have submitted this application in bad faith, the domain name licence can be cancelled and you can permanently lose the use of the domain name

Sign

Title _____

Name _____

Organisation _____

Signature _____