

Domain Name _____

SCHEDULE B

FORM 2– FOR REGISTRANTS WHO ARE INDIVIDUALS

Please print this form. 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.

**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 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. **Street Address:**
6. **City:**
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 _____ the of _____
First and Last Name City/Town/Village etc. Province/Territory/State etc.

in the country of _____
Country

am the Registrant for _____
Your Domain Names (if the space is not sufficient, please use a separate piece of paper to add the other domain names)

I, AS THE REQUESTER, DO HEREBY:

- a) CERTIFY THAT I am the Registrant for the Domain Names listed above and, if applicable, the attached Appendix A;
- 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