



Registrar Data Form

Instructions

Please type in the form, or write legibly.

Please send the completed form to Afilius Technical Support at fax +1.416.646.3305. We will only accept data forms via fax.

Note: It is not necessary to send the first three instruction pages.

Your Information

- **Phone/Fax Numbers:** Please make sure phone and fax numbers are in international dialing format that includes the country and area codes e.g. +1.416.619.3030 or +91.11.4161.4045. You may list alternate phone and fax numbers. A good alternate phone number would be a 24-hour Technical Support group. Any phone and fax numbers you list on this form will be considered registered. We may use another registered phone or fax number as an alternate contact method or during random security checks.
- **E-mail Address (General notifications):** Please provide an e-mail address where regular notifications will be sent. These could include notifications about new services, promotions, and other important announcements.
- **E-mail Address (Low credit notifications):** Please provide an e-mail address where low-credit notifications will be sent. As a low-credit balance may affect your ability to register domains, please make sure the address provided is actively monitored.
- **E-mail Address (Technical notifications):** Please provide an e-mail address where urgent notifications from the registry can be sent. These could include notifications about maintenance windows, outages, and other urgent announcements. This should typically go to an e-mail pager or to a mailbox that is monitored frequently.
- **E-mail Address (Domain transfer notifications):** Please provide an e-mail address where notifications regarding domain transfer notifications can be sent. Note that this e-mail address will be displayed in WHOIS queries. This should go to a mailbox that is monitored actively.
- **Web Site URLs:** Please provide the URLs of your primary business web site. This URL will be used for all referrals from the registry to your company.
- **URL of Registrar-Registrant Agreement:** Please provide the URLs the legal agreement you have with domain name registrants.
- **Security Passphrase:** When any of your authorized contacts communicates with Technical Support, your contact must provide a passphrase.
 - Security passphrases are mandatory—we cannot assist contacts prior to verifying their passphrase.
 - Each contact should have a unique passphrase.
 - Passphrases can be one or more words that are difficult for others to guess but easily communicated verbally to the registry's support staff.
 - We will accept passphrases from you via e-mail at your own risk. For security reasons, providing passphrases via plaintext e-mail is not recommended - phone or fax is more secure.



Registrar Client IP Subnets

In order to access an EPP-enabled production Shared Registry System, the registrar must inform the registry of the IP subnets from which the registrar's servers will access the SRS. This requirement is a security precaution to restrict access to the SRS.

For IP subnets, each registrar may specify a maximum of two (2) subnets with a maximum of 64 *static* IP addresses between the two subnets.

- IP subnet ranges must be written in CIDR format (e.g. 192.168.1.0/27 where the "/27" represents the length of the subnet).
- We cannot accept any ranges below a /26 range (i.e. /25, /24, etc). CIDR format dictates the number of hosts within each range. Please refer to the following table..
- Examples of valid subnets include:
 - One subnet of 64 hosts (e.g. 192.168.1.0/26)
 - Two subnets of 32 hosts or less (e.g. 192.168.2.0/27, which represents 32 addresses 192.168.2.0 to 192.168.2.31; and/ or 192.168.3.0/27, which represents 32 addresses 192.168.3.0 to 192.168.3.31)
- The specified subnets must fall on valid bit boundaries. For example, a subnet specified as 192.168.2.1/27 is not acceptable because ".1" is not a valid boundary for a /27 subnet. The following table defines the valid boundaries for each subnet length.

<i>Length of Subnet</i>	<i>Number of Hosts</i>	<i>Boundaries</i>
/26	64	0, 64, 128, 192
/27	32	0, 32, 64, 96, 128, 160, 192, 224
/28	16	0, 16, 32, 48, 64, 80, 96, 112, 128, 144, 160, 176, 192, 208, 224, 240
/29	8	0, 8, 16, 24, 32, 40, 48, ... , 248 (in increments of 8)
/30	4	0, 4, 8, 12, 16, 20, 24, 28, ... , 252 (in increments of 4)
/31	2	0, 2, 4, 6, 8, 12, 14, 16, 18, ..., 254 (in increments of 2)
/32	1	0 through 255

- Please consult your Network Administrator or Internet Service Provider if you are uncertain about providing your IP subnets in the required format.

Contact Information

Any contacts listed in this data form will be considered an Authorized Contact. Note that Authorized Contacts are different from registry contact objects created as objects in the SRS. Only Authorized Contacts will receive assistance from the registry's support staff.

Please provide a minimum of one Administrative, one Technical, and one Billing contact. If you provide more than one of any type of contact, please list them in the preferred order of contact.

Any information you list on this form will be considered registered, and we will only contact you at these phone and fax numbers or email addresses You may list alternate contact information for your contacts, as we may need to use another registered number/ e-mail address as an alternate contact method or during random security checks. You may use the Comments section at the end of this document to list alternative contact information.



- **Corporate Executive Contacts:** Please provide the contact information for your company's Chief Executive Officer (CEO), President, and Legal Representative. Mobile numbers are optional for these contacts.
- **Administrative Contacts:** Administrative Contacts are your primary representatives. They should have the decision-making ability to act on your behalf on matters related to your account, as well as business, contractual, legal, billing, credit, requirements, and technical issues.
- **Technical Contacts:** Technical Contacts are your technical, systems, and operations representatives. They should be responsible for your operations and have the decision-making ability to act on your behalf in technical-related issues.
- **Billing Contacts:** Billing Contacts are your financial and billing representatives. They should have the decision-making ability to act on behalf of the registrar on financial, credit, and billing-related matters. Afiliias will send invoices to the Billing Contacts.

Each contact *must* provide a Security Passphrase. Support staff *must* verify the correct passphrase for that contact before support personnel will provide assistance.

The registry operates mailing lists where outage notifications will be sent. The first Administrative and Technical contacts will be added to this mailing list. If you wish to subscribe other contacts, please place an 'X' in the box for each contact to be subscribed.

Time Zones

Please provide us with the best time for registry staff to contact the listed contacts. Please also provide the time difference in hours between your office location and UTC. When specifying times, please note the time zone (e.g. "9:00am to 5:00pm Eastern Time"). For a UTC reference, please see <http://www.timeanddate.com/worldclock/>

Languages

Please list the languages for which you are able to provide customer support.

Comments

Please list any special instructions that our staff should be aware of when attempting to contact the listed contacts. Information could be different time zone information or alternate contact information for specific contacts, special instructions for contacting certain contacts (e.g. under what circumstances we may contact your Corporate Executive contacts). You may also list any former Authorized Contacts that need to be removed.



For Registry Use

Ticket Number Registrar ID

Registrar Data Form

General Information

Company Name: _____

Address: _____

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Alternate Phone: _____ Alternate Fax: _____

E-mail Address (General notifications): _____

E-mail Address (Low credit notifications): _____

E-mail Address (Technical notifications): _____

E-mail Address (Domain transfer notifications): _____

Home Page URL: _____

URL of Registrar-Registrant Agreement: _____

Registrar Client IP Subnets

Maximum 2 subnets and maximum 64 hosts (specified in CIDR format):

(1) _____ (2) _____

Time Zones

Time zone of your primary office location: _____

Time difference at office relative to UTC: +/- _____ hours

Regular office hours: _____ to _____

Languages

Does registrar staff speak English? Yes No

What are the primary languages spoken? _____



Chief Executive Officer

First Name(s): _____ Last Name: _____

Address: _____

Same as company address

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____ E-mail Address: _____

Security Passphrase: _____

Subscribe to general mailing list

Subscribe to tech/ outages mailing list

President

First Name(s): _____ Last Name: _____

Address: _____

Same as company address

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____ E-mail Address: _____

Security Passphrase: _____

Subscribe to general mailing list

Subscribe to tech/ outages mailing list

Attorney or Legal Representative

First Name(s): _____ Last Name: _____

Job Title: _____

Address: _____

Same as company address

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____ E-mail Address: _____

Security Passphrase: _____

Subscribe to general mailing list

Subscribe to tech/ outages mailing list



Administrative Contact #1 (Required)

First Name(s): _____ Last Name: _____

Job Title: _____

Address: _____

Same as company address _____

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____ E-mail Address: _____

Security Passphrase: _____

Subscribe to general mailing list

Subscribe to tech/ outages mailing list

Administrative Contact #2 (Optional)

First Name(s): _____ Last Name: _____

Job Title: _____

Address: _____

Same as company address _____

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____ E-mail Address: _____

Security Passphrase: _____

Subscribe to general mailing list

Subscribe to tech/ outages mailing list

Administrative Contact #3 (Optional)

First Name(s): _____ Last Name: _____

Job Title: _____

Address: _____

Same as company address _____

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____ E-mail Address: _____

Security Passphrase: _____

Subscribe to general mailing list

Subscribe to tech/ outages mailing list



Technical Contact #1 (Required)

First Name(s): _____ Last Name: _____

Job Title: _____

Address: _____

Same as company address _____

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____ E-mail Address: _____

Security Passphrase: _____

Subscribe to general mailing list

Subscribe to tech/ outages mailing list

Technical Contact #2 (Optional)

First Name(s): _____ Last Name: _____

Job Title: _____

Address: _____

Same as company address _____

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____ E-mail Address: _____

Security Passphrase: _____

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Technical Contact #3 (Optional)

First Name(s): _____ Last Name: _____

Job Title: _____

Address: _____

Same as company address _____

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____ E-mail Address: _____

Security Passphrase: _____

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Billing Contact #1 (Required)

First Name(s): _____ Last Name: _____

Job Title: _____

Address: _____

Same as company address

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____ E-mail Address: _____

Security Passphrase: _____

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Billing Contact #2 (Optional)

First Name(s): _____ Last Name: _____

Job Title: _____

Address: _____

Same as company address

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____ E-mail Address: _____

Security Passphrase: _____

Subscribe to general mailing list

Subscribe to tech/ outages mailing list

Billing Contact #3 (Optional)

First Name(s): _____ Last Name: _____

Job Title: _____

Address: _____

Same as company address

City: _____ State/ Province: _____

Country: _____ Zip/ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Mobile Number: _____ E-mail Address: _____

Security Passphrase: _____

Subscribe to general mailing list

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