

Domain Information Modification Application Form

Application Type (Required)		<input type="checkbox"/> Application for Contact ID Change <input type="checkbox"/> Application for DNS Information Change
Product Type (Required)		<input type="checkbox"/> CN Domain Name <input type="checkbox"/> CN IDN Domain Name
Registrar Name (Required)		
Applying Organization	Organization Name (Required)	
	Administrative Contact Person	
	Tel Number	
	Address	
	Postal Code	
Item(s)	Original Information	
Registrant ID:		
Administrative Contact ID:		
Payment Contact ID:		
Technical Contact ID:		
Purveyor ID:		
DNS Server:		
Applying Organization (Company Stamp)		Date:
Note: 1、 Registrar should guarantee the authenticity, accuracy, and integrity for the above information, and be responsible for any matters due to the modification. 2、 Please only fill out the items you want to modify and related new information to be updated. 3、 If need to change organization name, business seals of both parties are required for the application form		