

SCHEDULE A

Please note that the Authorized Representative, is deemed by CIRA to be the authoritative agent for the Registrant that holds the domain name registration. This individual may, among other things, vote at CIRA elections and attend CIRA members' meetings. Please ensure that the Authorized Representative that you indicate on this form has the appropriate authority to carry out these functions, both currently and in the foreseeable future.

For ALL Registrants : Complete and sign this form and fax it to:

Register.ca Inc. at **416 385 7765**.

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.

CHANGE OF ADMINISTRATIVE CONTACT REQUEST, DECLARATION, AUTHORIZATION AND DIRECTION FORM

PART A of Schedule A – FOR ALL REGISTRANTS

CHANGE OF ADMINISTRATIVE CONTACT REQUEST

ADMINISTRATIVE CONTACT DETAILS

You are required to enter information in the following 12 fields. NOTE, if the information has changed, please submit the NEW information and not the old:

- 1. First name:**
- 2. Last name:**
- 3. Preferred language (*En or Fr*):**
- 4. Street address:**
- 5. City:**
- 6. Province:**
- 7. Country:**
- 8. Postal code:**
- 9. Phone: (____)**
- 10. Other phone (if applicable): (____)**

11. Fax (if applicable): (____)

12. New email address:

Enter information for any of the following contact details that you would also like to change/include:

13. Title (*Mr, Mrs, Ms, Dr*):

14. Middle name:

15. Company name:

16. Job title:

17. Cell: (____)

18. Secondary email:

PART B 2 of Schedule A - FOR REGISTRANTS THAT ARE INDIVIDUALS

Declaration, Direction and Authorization for Change of Administrative Contact Request

To: **CANADIAN INTERNET REGISTRATION AUTHORITY**
Re: **CHANGE OF ADMINISTRATIVE CONTACT REQUEST PURSUANT TO CIRA'S POLICIES, RULES, AND PROCEDURES**

I, _____, of _____, _____
First and last name of Registrant City/Town/Village etc. Province/Territory/State etc.

in the country of _____ am identified as _____
Country Registrant name as displayed in the CIRA WHOIS

in CIRA's WHOIS look-up as the Registrant for _____

Your domain names (if the space is not sufficient, please use a separate piece of paper to list 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 domain names listed on the attached sheet;
- b) CERTIFY THAT I am making this request in full compliance with CIRA's Policies, Rules, and Procedures;
- c) CERTIFY THAT the photo identification, shown to the witness, in support of the Change of Administrative Contact Request is a true and valid government-issued photo identification;
- d) DIRECT AND AUTHORIZE **Register.ca Inc. and** CIRA to make the requested changes as set out above in Part A of this form;
- e) 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

Requester's signature

Full contact details of Requester:

Street number and name

City

Province/State, if applicable

Country

Postal code/Zipcode, if applicable

Phone number

Email address

PART C of Schedule A

NOTE: The Witness **MUST:**

1. be a citizen of the country that issued the valid government photo identification which is used to verify the Requester's identity
2. be accessible to your Registrar and/or CIRA for verification;
3. have known you personally for at least TWO years and well enough to be confident that the statements you have made in your application form are true;
4. sign the "Witness Declaration for Change of Administrative Contact Request" section on your Change of Administrative Contact Request, Declaration, Authorization, and Direction Form
5. check a valid government-issued photo identification to verify your identity
6. be included in ONE of the following groups:
 - a. a dentist, medical doctor or chiropractor in good standing;
 - b. a judge, magistrate, police officer (e.g., municipal, provincial or RCMP) in good standing;
 - c. a lawyer (e.g., member of a provincial bar association) in good standing;
 - d. a mayor in good standing;
 - e. a minister of religion authorized by the government to perform marriages and who is in good standing;
 - f. a notary public in good standing;
 - g. an optometrist in good standing;
 - h. a pharmacist in good standing;
 - i. a postmaster in good standing;
 - j. a principal of primary or secondary school in good standing;
 - k. a professional accountant (member of APA, CA, CGA, CMA, PA or RPA) in good standing;
 - l. a professional engineer (e.g., P. Eng., Eng. in Quebec) in good standing;
 - m. a senior administrator in a community college (includes CEGEPs) in good standing;
 - n. a senior administrator or teacher in a university in good standing; and
 - o. a veterinarian in good standing.

Notwithstanding, the above, a notary public in good standing, must not fulfill no. 3 above, but must meet all other requirements. The above-noted list is not an indication by CIRA of a person's professional status or superior qualifications.

Witness Declaration for Change of Administrative Contact Request

To: **CANADIAN INTERNET REGISTRATION AUTHORITY**
Re: **CHANGE OF ADMINISTRATIVE CONTACT REQUEST PURSUANT TO CIRA'S
POLICIES, RULES, AND PROCEDURES**

I, _____, of _____, _____
First and last name of the Witness City/Town/Village etc. Province/Territory/State etc.

in the country of _____ am _____
Country Your group as listed above

I, AS THE WITNESS, DO HEREBY:

- a) CERTIFY THAT I am included in one of the above-noted groups and that I am in good standing;
- b) CERTIFY THAT I have known the Requester for at least TWO years and well enough to be confident that the statements made by the Requester are true or I am a notary public in good standing;
- c) CERTIFY THAT I have checked the following original valid government-issued photo identification _____ to verify the Requester's identity and to the best of my knowledge, the original valid government-issued photo identification is valid and identifies the Requester;
- d) CERTIFY THAT all the information set out in this declaration is a true and accurate statement of the facts contained herein.

DATED AT _____ this _____ day of _____, 20____
City Day Month

Witness's signature

Witness's institution's, organization's, or association's official stamp or seal

Full contact details of the Witness:

Street number and name

City

Province/State, if applicable

Country

Postal code/Zipcode, if applicable

Phone number

Email address