



## Registrar Data Form - Instructions

### Registrar Information

- **Phone/Fax Numbers:** Please make sure phone and fax numbers include the country and area codes.
- **E-mail Address (Normal notifications):** Please provide an e-mail address where regular notifications will be sent to. These could include notifications about new services, maintenance windows, and other important announcements.
- **E-mail Address (Low credit notifications):** Please provide an e-mail address where low-credit notifications will be sent to. As a low-credit balance may affect your ability to register domains, please make sure the address provided is actively monitored.
- **E-mail Address (Urgent notifications):** Please provide an e-mail address where urgent notifications from Afilias will be sent to. 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 domain name transfers from Afilias will be sent to. This should typically go to an e-mail pager or to a mailbox that is monitored frequently.
- **Web Site URL:** Please provide the URL of your primary business Web site. This URL will be used for all referrals from Afilias to your company.
- **Telephone Security Passphrase:** When any of your authorized contacts calls Afilias Tech Support, your contact must provide their passphrase. Callers without valid passphrases can not be assisted. Different contacts can have different passphrases. Passphrases can be one or more words.

### Registrar Client Subnets

In order to access the 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 pre-caution to restrict access to the SRS. For the IP subnets, each Registry may specify:

- A maximum of 2 subnets
- A maximum of 64 IP addresses between the two subnets
- Subnets must be specified in CIDR format (e.g. 192.168.1.0/27) where the “/27” represents the length of the subnet. The limitation on the maximum of 64 IP addresses means that the length will never be less than /26.
- 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. subnet #1 as 192.168.2.0/27, which represents 32 addresses 192.168.2.0 to 192.168.2.31; and subnet #2 as 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.

Length of Subnet	Number of Host	Boundaries
/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

## Contact Information

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. One person can serve as all three contacts.

Each contact must provide a Security Passphrase. Afilias support staff will verify the correct Passphrase for that contact before any actions will be performed.

Afilias will also operate a mailing list where outage notifications will be sent. The first Administrative and Technical contacts will be added to this mailing list. If you wish to add other contacts, please place a check in the box for each contact to be added.

**Corporate Executive Contacts:** Please provide the contact information for your company's Chief Executive Officer, President, and Legal Representative.

**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. Afilias will send invoices to the Billing Contacts.

## **URLs**

Please provide the URLs of 1) Your home page, and 2) The legal agreement you have with domain name registrants.

## **Time Zones**

Please provide us with the best time for Afilias staff to contact the listed contacts. Please also provide the time difference in hours between your office location and UTC/GMT. When giving us times, please note for us what time zone you are noting (“9:00 am to 5:00 pm Eastern Time”). For 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.

## **Contact Us:**

### **Afilias**

300 Welsh Road

Building 3, Suite 105

Horsham, PA 19044

USA

Phone: +1 215-706-5700

**FAX: +1 215-706-5701**

## Registrar Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-mail Address (Normal notifications): \_\_\_\_\_

E-mail Address (Low credit notifications): \_\_\_\_\_

E-mail Address (Urgent notifications): \_\_\_\_\_

E-mail Address (Domain Name Transfers): \_\_\_\_\_

Home Page URL: http://\_\_\_\_\_

URL of Registrar-Registrant Agreement: http://\_\_\_\_\_

## Registrar Client Subnets

(Maximum 2 subnets) \_\_\_\_\_

(Maximum 64 hosts) \_\_\_\_\_

**Chief Executive Officer**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Security Passphrase: \_\_\_\_\_

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**President**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Security Passphrase: \_\_\_\_\_

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**Attorney or Legal Representative**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Security Passphrase: \_\_\_\_\_

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**Administrative Contact #1 (required)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Security Passphrase: \_\_\_\_\_

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**Administrative Contact #2 (optional)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Security Passphrase: \_\_\_\_\_

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**Administrative Contact #3 (optional)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Security Passphrase: \_\_\_\_\_

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**Technical Contact #1 (required)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Security Passphrase: \_\_\_\_\_

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**Technical Contact #2 (optional)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Security Passphrase: \_\_\_\_\_

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**Technical Contact #3 (optional)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Security Passphrase: \_\_\_\_\_

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**Billing Contact #1 (required)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Security Passphrase: \_\_\_\_\_

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**Billing Contact #2 (optional)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Security Passphrase: \_\_\_\_\_

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**Billing Contact #3 (optional)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Security Passphrase: \_\_\_\_\_

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