

Registrar Primary Contact Update Form

Instructions

Please use this form to report changes to the registrar's Primary and Secondary Contact information. Both contacts must be names of individuals. The form must be completed, signed and dated by the current Primary or Secondary Contact then emailed to registrarupdates@icann.org.

Along with the Primary Contact, the Secondary Contact receives important announcements from ICANN regarding your accreditation, upcoming events, changes to existing policies, and much more. In the event the Primary Contact is no longer with the company, the Secondary Contact may request to be promoted to Primary Contact. Therefore, we encourage registrars to include Secondary Contact information.

If the changes apply to multiple affiliated registrars with the same Primary Contact, please list the registrars in the Appendix.

For more information or questions regarding this form, please refer to [Registrar Contact Updates](#) or email registrarupdates@icann.org.

Additional Contact Updates

To update other contact information, such as Billing, Public, Transfer Emergency Action Contact (TEAC), Transfer, Uniform Domain Name Dispute Resolution Policy (UDRP), or WHOIS, please log into your registrar's [RADAR account](#).

For help with RADAR, please refer to [RADAR – Registrar Database FAQs](#) or email radaradmin@icann.org.

To update additional contacts that are not available for self-service update, such as Abuse, Complaint, Corporate, or Data Escrow, please download the [RADAR Contact Update Form](#).

The completed form should be emailed to registrarupdates@icann.org by the current Primary Contact.

Registrar Primary Contact Update Form

IANA ID #: _____

Registrar (Full Company Name): _____

URL: _____

Registrar Family Name (if applicable): _____

Number of Registrars: _____

Unless specified as “optional,” all fields must be completed. The information updated below will become effective only upon ICANN’s final approval to the update.

Registrar Primary Contact	
First Name	_____
Last Name	_____
Email	_____
Address 1	_____
Address 2	_____
Address 3	_____
Town/City	_____
State/Province/Region/County	_____
Postal Code/Zip Code	_____
Country	_____
Phone	_____
Mobile	_____
Fax	_____

Registrar Secondary Contact	
First Name	_____
Last Name	_____
Email	_____
Phone	_____

The undersigned hereby represents and warrants that he/she is the registrar’s current Primary or Secondary Contact. The undersigned attests that the information contained herein is true, accurate and complete in all respects.

Signature _____

Name (please print) _____

Title _____

Date _____

