

.ASIA Registrar Data Form:

Registrar must complete the entire form. If you are updating your information, all old data will be overwritten upon the Effective Date provided, including fields left blank.

Registrar Information:

Company Name:			
Address:			
City:		State/Province:	
Zip/Postal Code:		Country:	
Telephone:		Facsimile:	

Please make sure phone and fax numbers include the country and area codes

Registrar Web Server URL*:	http://
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* This URL will be used for all referrals from the Registry to your company

Registrar Name as Registered with ICANN:	
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Registrar ID assigned by ICANN/IANA (if known):	
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Notification Email Addresses:

Normal Notifications (Email Address):	
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Low Credit Notifications (Email Address)*:	
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* As a low-credit balance may affect your ability to register domains, please make sure the address provided is actively monitored.

Urgent Notifications (Email Address)**:	
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** This should typically go to an email pager or to a mailbox that is monitored frequently.

Sunrise and Charter Eligibility Inquiry Notifications (Email Address)**:	
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*** This is used for all Sunrise and Charter Eligibility inquiry notifications (e.g. Notifications for requesting additional documentary evidence during Sunrise, notification of successful verification, etc., as well as notifications for requesting information with regards to Charter Eligibility conformance, etc.)

Domain Name Transfers (Email Address):	
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NOTE: DotAsia also operates 2 mailing-lists: registrar-info@registry.asia, is a newsletter mailing-list; registrars@registry.asia provides scheduled and un-scheduled outage notifications. The first Administrative and Technical contacts will be added automatically to these mailing-lists. If you wish for the other contacts to be added, please place a check in the box for each contact to be added.

Registrar Client Subnets:

Subnet #1:		Maximum 2 subnets, Maximum 64 hosts (in total)
Subnet #2:		

In order to access the production Shared Registry System (SRS), 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. 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 Hosts	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

Registrar Executive Contacts:

Please provide contact information for your company's Chief Executive Officer, President and Legal Representative, or respective personnel with similar authority. Each contact must provide a Security Pass Phrase. Registry support staff will verify the correct pass phrase for that contact before any actions will be performed. As a reminder, please make sure phone and fax numbers for all contacts (Corporate Executive, Administrative, Technical and Billing) include the country and area codes.

Chief Executive Officer (or personnel with similar authority):

Position:		Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>	
First Name:		Middle Name / Initials:				
Last Name:						
Telephone:		Facsimile:				
Email:		Mobile:				
Address:						
City:		State/Province:				
Zip/Postal Code:		Country:				
Security Pass Phrase:						
<input checked="" type="checkbox"/> Subscribe to registrar-info@registry.asia			<input checked="" type="checkbox"/> Subscribe to registrars@registry.asia			

President (or personnel with similar authority):

Position:		Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>	
First Name:		Middle Name / Initials:				
Last Name:						
Telephone:		Facsimile:				
Email:		Mobile:				
Address:						
City:		State/Province:				
Zip/Postal Code:		Country:				
Security Pass Phrase:						
<input checked="" type="checkbox"/> Subscribe to registrar-info@registry.asia			<input checked="" type="checkbox"/> Subscribe to registrars@registry.asia			

Attorney or Legal Representative:

Position:		Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>	
First Name:		Middle Name / Initials:				
Last Name:						
Telephone:		Facsimile:				
Email:		Mobile:				
Address:						
City:		State/Province:				
Zip/Postal Code:		Country:				
Security Pass Phrase:						
<input type="checkbox"/> Subscribe to registrar-info@registry.asia			<input type="checkbox"/> Subscribe to registrars@registry.asia			

Registrar Administrative Contacts:

Administrative Contacts are primary representatives of the Registrar. They should have decision-making ability to act on behalf of the Registrar on matters related to the Registrar's account, as well as business, contractual, legal, billing, credit, requirements and technical issues. Please provide a minimum of one Administrative contact. If more than one, please list them in the preferred order of contact. Each contact must provide a Security Pass Phrase. Registry support staff will verify the pass phrase before performing any actions.

Administrative Contact #1 (REQUIRED):

Position:				Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>		
First Name:				Middle Name / Initials:					
Last Name:									
Telephone:					Facsimile:				
Email:					Mobile:				
Address:									
City:				State/Province:					
Zip/Postal Code:				Country:					
Security Pass Phrase:									
<input checked="" type="checkbox"/> Subscribe to registrar-info@registry.asia					<input checked="" type="checkbox"/> Subscribe to registrars@registry.asia				

Administrative Contact #2 (OPTIONAL):

Position:				Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>		
First Name:				Middle Name / Initials:					
Last Name:									
Telephone:					Facsimile:				
Email:					Mobile:				
Address:									
City:				State/Province:					
Zip/Postal Code:				Country:					
Security Pass Phrase:									
<input type="checkbox"/> Subscribe to registrar-info@registry.asia					<input type="checkbox"/> Subscribe to registrars@registry.asia				

Administrative Contact #3 (OPTIONAL):

Position:				Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>		
First Name:				Middle Name / Initials:					
Last Name:									
Telephone:					Facsimile:				
Email:					Mobile:				
Address:									
City:				State/Province:					
Zip/Postal Code:				Country:					
Security Pass Phrase:									
<input type="checkbox"/> Subscribe to registrar-info@registry.asia					<input type="checkbox"/> Subscribe to registrars@registry.asia				

Registrar Technical Contacts:

Technical Contacts are the technical, systems and operations representatives of the Registrar. They should be responsible for the Registrar's operations and have decision-making ability to act on behalf of the Registrar in technical related issues. Please provide a minimum of one Technical contact. If you provide more than one, please list them in the preferred order of contact. Each contact must provide a Security Pass Phrase. Registry support staff will verify the pass phrase for that contact before any actions will be performed.

Technical Contact #1 (REQUIRED):

Position:		Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>	
First Name:		Middle Name / Initials:				
Last Name:						
Telephone:		Facsimile:				
Email:		Mobile:				
Address:						
City:		State/Province:				
Zip/Postal Code:		Country:				
Security Pass Phrase:						
<input checked="" type="checkbox"/> Subscribe to registrar-info@registry.asia			<input checked="" type="checkbox"/> Subscribe to registrars@registry.asia			

Technical Contact #2 (OPTIONAL):

Position:		Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>	
First Name:		Middle Name / Initials:				
Last Name:						
Telephone:		Facsimile:				
Email:		Mobile:				
Address:						
City:		State/Province:				
Zip/Postal Code:		Country:				
Security Pass Phrase:						
<input type="checkbox"/> Subscribe to registrar-info@registry.asia			<input type="checkbox"/> Subscribe to registrars@registry.asia			

Technical Contact #3 (OPTIONAL):

Position:		Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>	
First Name:		Middle Name / Initials:				
Last Name:						
Telephone:		Facsimile:				
Email:		Mobile:				
Address:						
City:		State/Province:				
Zip/Postal Code:		Country:				
Security Pass Phrase:						
<input type="checkbox"/> Subscribe to registrar-info@registry.asia			<input type="checkbox"/> Subscribe to registrars@registry.asia			

Registrar Billing Contacts:

Billing Contacts are the financial and billing representatives of the Registrar. They should have decision-making ability to act on behalf of the Registrar on financial, credit and billing related matters. The Registry will send invoices to the Billing Contacts. Please provide a minimum of one Billing contact. If you provide more than one, please list them in the preferred order of contact. Each contact must provide a Security Pass Phrase. Registry support staff will verify the pass phrase for that contact before any actions will be performed.

Billing Contact #1 (REQUIRED):

Position:		Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>	
First Name:		Middle Name / Initials:				
Last Name:						
Telephone:		Facsimile:				
Email:		Mobile:				
Address:						
City:		State/Province:				
Zip/Postal Code:		Country:				
Security Pass Phrase:						
<input type="checkbox"/> Subscribe to registrar-info@registry.asia			<input type="checkbox"/> Subscribe to registrars@registry.asia			

Billing Contact #2 (OPTIONAL):

Position:		Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>	
First Name:		Middle Name / Initials:				
Last Name:						
Telephone:		Facsimile:				
Email:		Mobile:				
Address:						
City:		State/Province:				
Zip/Postal Code:		Country:				
Security Pass Phrase:						
<input type="checkbox"/> Subscribe to registrar-info@registry.asia			<input type="checkbox"/> Subscribe to registrars@registry.asia			

Billing Contact #3 (OPTIONAL):

Position:		Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>	
First Name:		Middle Name / Initials:				
Last Name:						
Telephone:		Facsimile:				
Email:		Mobile:				
Address:						
City:		State/Province:				
Zip/Postal Code:		Country:				
Security Pass Phrase:						
<input type="checkbox"/> Subscribe to registrar-info@registry.asia			<input type="checkbox"/> Subscribe to registrars@registry.asia			

Registrar Marketing Contacts (OPTIONAL):

Registrars have an option to provide marketing contacts for the Registry to keep on file for notification about upcoming registry marketing programs and information. Marketing contacts may only inquire about information related to marketing programs. Each contact must provide a Security Pass Phrase. Registry support staff will verify the correct pass phrase for that contact before any actions will be performed. Registrars may also wish to empower these contacts to enroll the Registrar in marketing programs released from the Registry, in which case the authorized contact must provide signature as indicated below.

Marketing Contact #1 (OPTIONAL):

Position:					
Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>		
First Name:				Middle Name / Initials:	
Last Name:					
Telephone:				Facsimile:	
Mobile:					
Email:					
Address:					
City:				State/Province:	
Zip/Postal Code:			Country:		
Security Pass Phrase:					
<input type="checkbox"/> Subscribe to registrar-info@registry.asia			<input type="checkbox"/> Subscribe to registrars@registry.asia		
If contact is authorized to enroll in marketing programs, please provide the contact's signature, otherwise please leave the signature box blank:	Signature:				
	x				

Marketing Contact #2 (OPTIONAL):

Position:					
Title:	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="checkbox"/>		
First Name:				Middle Name / Initials:	
Last Name:					
Telephone:				Facsimile:	
Mobile:					
Email:					
Address:					
City:				State/Province:	
Zip/Postal Code:			Country:		
Security Pass Phrase:					
<input type="checkbox"/> Subscribe to registrar-info@registry.asia			<input type="checkbox"/> Subscribe to registrars@registry.asia		
If contact is authorized to enroll in marketing programs, please provide the contact's signature, otherwise please leave the signature box blank:	Signature:				
	x				

Time Zones:

Please provide us with the best time for Registry staff to contact the listed contacts.

Time Zone of Registrar's Primary Office Location:

Time Difference at Office Location Relative to Greenwich Mean Time (GMT):

+ / -

hours

Does this Office Location Observe Daylight Savings Time?

 Yes No

Regular Office Hours:

Languages:

Does the Registrar Staff Speak English?

 Yes No

Primary / Preferred Language(s):

Other languages spoken and supported by the Registrar:

Other Comments:

Please list any special instructions that our staff should be aware of when attempting to contact the listed contacts.

Authorization:

The undersigned hereby authorizes DotAsia Organisation Ltd. ("the Registry") to update the Registrar Data at the .ASIA Registry as provided above on the Data Effective Date indicated below. In conjunction with this authorization, the Registrar agrees to and shall, indemnify, defend, and hold harmless its directors, shareholders, officers, agents, employees, successors, affiliates, subcontractors, and assigns from and against any and all claims, demands, suits, actions, judgments, damages, costs, losses, expenses (including attorneys' fees and expenses) and other liabilities arising from, in connection with or related in any way to, this authorization; and agrees to notify the Registry if the confidentiality and security of the information provided have been compromised. IN WITNESS WHEREOF, and intending to be legally bound, the undersigned duly authorize representative of Registrar has executed this REGISTRAR DATA FORM on the date indicated below.

Data Effective Date (DD/MM/YYYY):

Authorized By:

Position:

Registrar Name:

Signature:

Date:

X

(DD/MM/YYYY)