

CHANGE DOMAIN BILLING DETAILS

TO BE COMPLETED IN BLOCK CAPITALS by the **owner** of the Domain name (indicated here below) or the Legal Representative in the case of a Legal Entity

Please complete all sections of the form. If any details are missing, the request may not be approved.

This form may be used by:

- The **owner of the Domain name** to change all the BillingDetails;
- The **billing person**, if different to the **owner of the Domain name**, to change only some details (e.g. address, email, phone number, etc.), but **not to change the VAT Number**.

The undersigned _____
 Tax ID code _____
 Resident in _____ Postcode _____
 Province (___) Street _____ No. _____
 Telephone _____ Email _____ @ _____

MUST be completed if the owner is a legal entity/self-employed person/sole proprietorship

Legal Representative of _____
 VAT Number/Tax ID code _____
 Self-employed person _____
 VAT Number _____
 Sole proprietorship _____
 VAT Number _____

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aware of the penalties for providing false statements, forgery or use of falsified documents, as referred to in art. 76 of Presidential Decree 445/2000 and pursuant to and for the purposes of art. 46 of said Presidential Decree,
declares
 that the information provided to complete this form is true and accurate and
to be (tick the correct box)

- Owner
 Billing person

of the following Domain name/s

www. _____ www. _____
 www. _____ www. _____
 www. _____ www. _____

and requests

that the billing details for the above Domain name/s are changed as follows (tick the relevant boxes only)

- Name and Surname/ Company name _____
 Address/Registered offices _____ Postcode _____
 Province (___) Street _____ No. _____
 Tax ID code _____

VAT Number/Tax ID number _____

The above details can only be changed by the owner of the Domain name

Telephone _____ FAX _____

Email _____@_____

Optional ID for transmission of e-bills (choose one option):

Destination code _____

PEC _____@_____

Consent to the processing of personal data

The undersigned declares that he/she has carefully read the Privacy Policy issued by Aruba S.p.A. in accordance with Art. 13 of EU Regulation no. 2016/679 ("GDPR"), available at aruba.it, and hereby consents to the processing of his/her personal data for the purposes indicated therein for the fulfilment of contractual obligations. The Customer also declares that he/she is aware that failure to grant consent to such processing may result in the provisions of the aforementioned Policy being applied.

Place _____ Date _____ Signature (stamp) _____

Attached:

- **Legible copy of both sides of the applicant's valid ID document.**

Aruba reserves the right to request further documentation.