



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 case of legal entity

This form may be used by:

- The owner of the Domain name to change all the billing details;
- 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			
Telephone	email	@	
In their capacity as:	MUST be completed if th legal entity / self-employed pe		
	y administrator or provide any of		
with VAT Number/Tax ID num	ber		
☐ Self-employed person			
with VAT Number			
☐ Sole proprietorship			
with VAT Number			
445/2000, p	oursuant to and for the purposes of a declar	te this form is true and accurate and	
Owner	to be (tick the t	orrect box)	
☐ Billing person			
	of the following D	omain name/s	
www	V	/WW	
www	V	/WW	
www	V	/ww	
	and req u		
		as follows (tick the relevant boxes only)	
☐ Name and Surname/Company	name		
Address/Registered offices			Postcode
Province () Street			No
☐ Tax ID code			





□ VAT Number/Ta	ax ID number		
		(The above details can only be changed by the o	wner of the Domain name)
☐ Telephone		FAX	
Email		@	
Optional ID for tran	smission of e-bills:		
\square Destination cod	e		
☐ PEC			
Place	Date	Signature (stamp)	

Attached:

• copy of both sides of the applicant's ID document.

If the applicant is the receiver/liquidator/insolvency administrator/other office:

- deed of appointment;
- certificate of incorporation of the legal holder of the service (issued within the last 6 months).

Aruba reserves the right to request further documentation.