

CHANGE DOMAIN USERNAME AND PASSWORD FORM
TO BE COMPLETED IN BLOCK CAPITALS by the account holder for the domain or the legal representative for legal entities

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

The undersigned _____

Tax code _____

Resident in _____ Postcode _____

Prov. (_____) Street _____ No. _____

Telephone _____ Email _____@_____

MUST be completed if the account holder is a legal entity / self-employed professional / sole trader

Legal representative for _____

VAT number/Numerical taxcode _____

Self-employed professional _____

VAT number _____

Sole trader _____

VAT number _____

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Account holder for the following Domain/s,

aware of the criminal sanctions in the event of providing false statements, preparing or using falsified documents, as referred to in art. 76 of Presidential Decree 445/2000, and pursuant to and for the purposes of art. 46 of the same Presidential Decree,

hereby declares

that the information provided for the purposes of filling in this form is true and accurate and

asks

to change the username and password for the following Domain/s:

www. _____

www. _____

www. _____

www. _____

www. _____

www. _____

www. _____

www. _____

www. _____

www. _____

If one has not yet been created, the new username will need to be generated at signup.aruba.it as explained in the article entitled [Registering at signup.aruba.it and creating login details](#).

With the **new Username** _____@aruba.it

Place _____ **Date** _____ **Signature (stamp)** _____

Declaration of Consent to Processing Personal Data

The undersigned declares that he/she has carefully read the information provided by Aruba S.p.A. pursuant to Art. 13 of Regulation (EU) no. 2016/679 ("GDPR") and available at [aruba.it](https://www.aruba.it), and hereby consents to the processing of his/her personal data for the purposes indicated therein for the correct 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:

- **Copy of both sides of a legible, valid ID document for the person making the request.**

Aruba reserves the right to request further documentation.