.GOV.PH DOMAIN MODIFICATION FORM Please fax the accomplished form to +63 2 9258598. For inquiries, please email dns@asti.dost.gov.ph

CHANGE IS APPLICABLE FOR (select which is applicable): \Box NAME SERVER INFORMATION

□ AUTHORIZED CONTACT PERSONS

COMPLETE NAME OF ORGANIZATION			
COMPLETE ADDRESS OF ORGANIZATION			
TELEPHONE NUMBER			
FAX NUMBER			
.GOV.PH DOMAIN NAME			
NAME SERVER INFORMATION: (indicate new name		P Server Information) IP ADDRESS OF PRIMARY NAME SERVER	
HOSTNAME OF PRIMARY NAME SERVER		IP ADDRESS OF PRI	
HOSTNAME OF SECONDARY NAME SERVER		IP ADDRESS OF SECONDARY NAME SERVER	
HOSTNAMES OF OTHER NAME SERVERS		IP ADDRESS OF OTHER NAME SERVERS	
1. 2.		1. 2.	
3.		3.	
3.		5.	
AUTHORIZE CONTACT PERSONS (indicate new authorize contact person.			
NAME:	POSITION:		EMAIL ADDRESS:
NAME: POSITION:			EMAIL ADDRESS:

I hereby certify that the information provided above are true and correct.

NAME AND SIGNATURE
AUTHORIZED CONTACT PERSON or HEAD OF
THE ORGANIZATION

DATE

NOTE: Please wait for an email notification from the .gov.ph Domain Administrator regarding your application. The notice will be emailed to the authorized contact persons you indicated in this form.