

## **IRINN Document identity**

Letter of appointment of Corporate Contact **IRINN** Title

Corporate-Billing-Technical-Form. Short title

| IRINN Corporat | e Contact Form |
|----------------|----------------|
|----------------|----------------|

This form should be used to appoint an official IRINN Corporate Contact person for your organization. Once completed, please send to the IRINN Secretariat at:

Post: Email:

Indian Registry for Internet Names and Numbers helpdesk@irinn.in C/o National Internet Exchange of India (NIXI)

|   | C/O National Internet Exchange of India (NIXI)  |  |
|---|---|--|
| Contact No: + 91-11-48202030                                  | B-901, 9th Floor Tower B, World Trade Centre, Nauroji Nagar, No<br>Delhi-110029 India |  |
|   | 20111 110022 maid   |  |
| Details of person to be app                                   | pointed as Corporate Contact:   |  |
| Full Name :   | ·   |  |
| E-mail ID :   |   |  |
| Mobile No:  |   |  |
| Contact No. :   |   |  |
| The above-mentioned individua                                 | I has been appointed  |  |
| as an official corporate contact f                            | or the IRINN Account  |  |
| Name.   |   |  |
| Account Name Example : IRIN                                   | IN,NIXI etc.  |  |
| Please tick, if above person is a Details of person to be app |   |  |
| Full Name :   |   |  |
| E-mail ID :   |   |  |
| Mobile No :   |   |  |
| Contact No.:  |   |  |
| Data the of a constant to be a con-                           | estated as B. His Tank its I October  |  |
|   | pointed as Public/Technical Contact:  |  |
| Full Name :   |   |  |
| Position / Job title :  |   |  |
| E-mail ID :   |   |  |
| Mobile No :   |   |  |
| Contact No. :   |   |  |
| Abuse E-mail ID :   |   |  |

**Authorized Signatory** 

This individual has been made aware of the duties and responsibilities of this position stated below and agree to serve in that capacity.

## **Duties and responsibilities of Corporate Contact:**

- Represent the affiliate organization in all matters related to IRINN.
- Identify and verify additional contact persons to liaise with IRINN in specific areas such as:
  - Policy development
  - o Internet resource management
  - Technical issues
  - Administration/billing
  - Training
- Update affiliation information such as address, phone, fax, through online or offline facilities.
- Receive notification of changes related to the affiliation.
- Use the MyIRINN online facility to manage internet resource and other affiliate information Authorise and manage additional MyIRINN users within the affiliate organization as needed.

| Signature of person being     |  | Date: |  |
|-------------------------------|--|-------|--|
| appointed Corporate Contact:  |  | Date. |  |
| Signature of Director or duly |  | Date: |  |
| authorised company officer:   |  |       |  |
| Name of Director or duly      |  |       |  |
| authorised company            |  |       |  |
| officer:                      |  |       |  |
| Sign and Stamp along          |  |       |  |
| with current date             |  |       |  |

**Authorized Signatory** 

**Company Name & Seal**