

Contact Modification Form

In order to change you contact information, please complete this form, sign & chop & return to us by fax to FAX: 23872599.

Domain name : _____

Section A : Current contact information

Contact person : _____
Company : _____
Tel. : _____

Section B : New information

Contact person : _____
Company : _____
Address : _____
Tel. : _____
Fax : _____
Email : _____

Company chop & signature
Name:
Date:

- By signing this form, you agree you are authorized by the caption company to modify the contact information.