

Declaration

for the transition of document protected domain name(s) to factor authentication

The undersigned:..... (name of the natural person, or representative in case of organization)

Organization name:..... (optional, in case of organization)

Address:

Notification e-mail address:

Notification phone number:

Identifier:..... (for natural persons: date of birth, or ID number with expiration date, for individual entrepreneur or organizations: tax number).

For the following domain(s) under our management, I request the transition from document-protected registration to multi-factor authentication.

Domain name(s):

Protection level of the domain name(s): Email only Email and authentication phone number
(underline the desired level!)

The domain holder's authentication data:

E-mail address:

Phone number (optional, only for two-factor authentication):

I acknowledge the risks associated with multi-factor authentication, including the fact that anyone with access to the authentication factors I have provided may gain unrestricted control over the domain, even without my knowledge.

I understand that special attention must be paid to safeguarding control over authentication data.

Date:

.....
Signature of the declarant

(If the declarant authenticates the document with a digital signature, witnesses and a handwritten signature are not required. In case of an organization, please attach specimen of signature)

In the presence of the following witnesses:

Witness 1.

Witness 2.

Name: Name:

Address: Address:.....

Signature:..... Signature:.....