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LEGACY – FORM 02 MANUAL UPDATE AUTHORISATION

INSTRUCTIONS	1. Complete all the required fields.
	2. Fax or email a copy of this form together with a copy of your identity document or passport marked as Annexure 'A' to the ZA Registry Consortium (ZARC) Support Department: Fax: +27 11 314 0077 (NATIONAL) or +27 080 3140088 (INTERNATIONAL) Email: support@co.za
	3. Have the form commissioned before a Commissioner of Oaths or the Foreign equivalent. The annexure must also be initialed.
PLEASE COMPLETE MANDATORY FIELDS	
UPDATE/S <i>(If more than 2, attach as a schedule)</i>	Domain Name/s:
APPLICANT <i>(Line 2a entity)</i>	
DULY AUTHORISED REPRESENTATIVE <i>(Full Names)</i>	
REPRESENTATIVE'S CAPACITY <i>(Please circle the appropriate capacity)</i>	Member/Director/CEO/Senior Manager/Owner/President/Chairman/Partner/ Sole Proprietor/Company Secretary/Trustee/Agent/ Liquidator/Executor/Guardian/Curator
PHYSICAL ADDRESS	
TELEPHONE NUMBER	
SENDER'S ACTIVE EMAIL ADDRESS	
UNDERTAKING:	
I the undersigned hereby make oath and say:	
<ol style="list-style-type: none"> The information provided in this Form 2 is both true and complete. I am duly authorized to act on behalf of the APPLICANT in my above capacity, and my actions in the context of this Form 2 are legally binding and enforceable on and against the APPLICANT. As proof of my identity I attach a copy of my identity Document or Passport, marked Annexure "A". I hereby authorise ZARC to manually accept an electronic update, submitted from the Sender's Active Email Address. In doing so, ZARC may produce this document to anyone it deems necessary, as proof of my instruction. I confirm that there is no reason or legal impediment, to the best of my knowledge, why the above domain name should not be updated, and that if any such impediment comes to my attention, I will immediately refer it to ZARC. I acknowledge that ZARC reserves all their rights in accordance with the Terms and Conditions of the ZARC and set ZARC Policies, and I specifically undertake to indemnify them against any liability or damages (of whatsoever nature) incurred as a result of the update. I fully understand the scope and consequences of this Form 2 and I have not been unduly influenced in any way. 	
SIGNATURE: _____	COMMISSIONER OF OATHS: The above named person having acknowledged that he/she knows and understands the contents of this document, has no objection to taking the oath and having sworn that the contents thereof are true and correct, and that he/she considers the oath to be binding on his/her conscience. DATE: PLACE:
ON BEHALF OF THE APPLICANT	COMMISSIONER OF OATHS
DATE: _____	NAME:
PLACE: _____	ADDRESS:
	AREA:
	DESIGNATION: