**SAMPLE LETTER of Transfer Domain Management Account**

(Please use organization letterhead to print this document. Please submit the Business Registration Certificate or other supporting document for identity verification.)

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Please fill in the date]

To MONIC,

Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Please fill in your Organization name (Legal Entity, Commercial Entrepreneur, or Self-Employed Person)]

□Since the application procedures were handled through an agent when registering the domain name, we now want to manage the domain name ourselves.

□Due to the passage of time or personnel changes, the domain management account information has been lost.

□ Other reason：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We are now writing this letter to officially request transferring the domain name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Please fill in your Domain name] to new domain management account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Please fill in your new Domain Management Account name] for management.

We understand and confirm that:

(a) The above change we apply for will not infringe or jeopardize the legal rights of any third parties;

 (b) All information provided is true and accurate.

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Domain management account contact information:

|  |  |
| --- | --- |
| Contact Person |  |
| Phone | ＋  |
| Email Address |  |

Domain name contact information:

Registrant

|  |  |  |
| --- | --- | --- |
|  |  | Hide detail from public WHOIS |
| Name |  | □YES □NO |
| Organization |  | □YES □NO |
| Email |  | □YES □NO |
| Phone | ＋  | □YES □NO |
| Fax  | ＋  | □YES □NO |
| Address |  | □YES □NO |
| City  |  | □YES □NO |
| State or Province  |  | □YES □NO |
| Postal Code |  | □YES □NO |
| Country / Region |  | □YES □NO |

Administrative Contact

|  |  |  |
| --- | --- | --- |
|  |  | Hide detail from public WHOIS |
| Name |  | □YES □NO |
| Organization |  | □YES □NO |
| Email |  | □YES □NO |
| Phone | ＋  | □YES □NO |
| Fax  | ＋  | □YES □NO |
| Address |  | □YES □NO |
| City  |  | □YES □NO |
| State or Province  |  | □YES □NO |
| Postal Code |  | □YES □NO |
| Country / Region |  | □YES □NO |

Billing Contact

|  |  |  |
| --- | --- | --- |
|  |  | Hide detail from public WHOIS |
| Name |  | □YES □NO |
| Organization |  | □YES □NO |
| Email |  | □YES □NO |
| Phone | ＋  | □YES □NO |
| Fax  | ＋  | □YES □NO |
| Address |  | □YES □NO |
| City  |  | □YES □NO |
| State or Province  |  | □YES □NO |
| Postal Code |  | □YES □NO |
| Country / Region |  | □YES □NO |

Technical Contact

|  |  |  |
| --- | --- | --- |
|  |  | Hide detail from public WHOIS |
| Name |  | □YES □NO |
| Organization |  | □YES □NO |
| Email |  | □YES □NO |
| Phone | ＋  | □YES □NO |
| Fax  | ＋  | □YES □NO |
| Address |  | □YES □NO |
| City  |  | □YES □NO |
| State or Province  |  | □YES □NO |
| Postal Code |  | □YES □NO |
| Country / Region |  | □YES □NO |

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Please kindly help us to arrange.

(Please check the identity of the signatory of this form in the box below)

□Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Legal Entity, Commercial Entrepreneur, or Self-Employed Person)

□Agent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Position of Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chop and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:

1. If the signatory is a representative of the applicant, it must be signed by the legal representative or a person with authority; if the signatory is an agent, it must be signed by the agent designated in the "Authorization letter ".

2. A copy of the signatory’s identity document must be attached.