

## **IRINN** Document identity

**IRINN** 

Contact No.:

Title Short title Letter of appointment of Corporate Contact

Corporate-Billing-Technical-Form.

## **IRINN Corporate 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:

Email:
helpdesk@irinn.in
customercare@nixi.in

PH: + 91-11-48202001

Post:
Indian Registry for Internet Names and Numbers
C/o National Internet Exchange of India (NIXI)
9th Floor, B-Wing, Statesman House, 148,
Barakhamba Road, New Delhi-110001 India

Details of person to be appointed as Corporate Contact:

Full Name :		Contact:			
ruii ivaille .					
E-mail ID :					
Mobile No:					
Contact No. :					
The above-mentioned individu	al has been appointed				
as an official corporate contact	for the IRINN Account				
Name.					
Account Name Example : IRINN,NIXI etc.					
Please tick, if above person to be ap		BILLING TECHNICAL			
		itaoti			
Full Name :		itaot.			
Full Name : E-mail ID :					
E-mail ID :					
E-mail ID : Mobile No :	pointed as Public/Tec				
E-mail ID : Mobile No : Contact No.:	pointed as Public/Tec				
E-mail ID :  Mobile No :  Contact No.:  Details of person to be ap	pointed as Public/Tec				
E-mail ID : Mobile No : Contact No.:  Details of person to be ap Full Name :	pointed as Public/Tec				

**Authorized Signatory** 

**Company Name & Seal** 

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 appointed Corporate Contact:	Date:	
Signature of Director or duly authorised company officer:	Date:	
Name of Director or duly		
authorised company		
officer:		

**Authorized Signatory** 

**Company Name & Seal**