



.GOV.PH DOMAIN MODIFICATION FORM

CHANGE IS APPLICABLE FOR:
(select which is applicable)

- NAME SERVER INFORMATION
 AUTHORIZED CONTACT PERSON

(Note: Please read the attached instructions before filling out this form)

COMPLETE NAME OF ORGANIZATION	
COMPLETE ADDRESS OF ORGANIZATION	
REGION	
TELEPHONE NUMBER/MOBILE NUMBER	
FAX NUMBER	
.GOV.PH DOMAIN NAME	
NAME SERVER INFORMATION	
HOST NAME OF PRIMARY NAME SERVER	IP ADDRESS OF PRIMARY NAME SERVER
HOST NAME OF SECONDARY NAME SERVER	IP ADDRESS OF SECONDARY NAME SERVER
HOST NAME OF OTHER NAME SERVER (if applicable)	IP ADDRESS OF OTHER NAME SERVER
1.	1.
2.	2.
3.	3.
AUTHORIZED CONTACT PERSON/S	
MAIN CONTACT PERSON	
NAME:	POSITION:
EMAIL ADDRESS:	MOBILE NUMBER:
ALTERNATE CONTACT PERSON	
NAME:	POSITION:
EMAIL ADDRESS:	MOBILE NUMBER:

I hereby certify that the information provided in this form is true and correct.

PRINTED NAME AND SIGNATURE
HEAD OF ORGANIZATION

DATE

NOTE: Please send the accomplished form at dns@dict.gov.ph. For inquiries, you may call us at 8-920-0101 ext 6113. Please wait for an email notification from the .gov.ph Domain Registrar regarding your application. The notice will be emailed to the authorized contact person/s you indicated in this form.

INSTRUCTIONS IN FILLING OUT .GOV.PH DOMAIN MODIFICATION FORM

1. All fields in the form must be filled out. If not applicable, write N/A.
2. Entries in the form may be filled out through handwriting or computer. If handwritten, please write legibly.
3. Tick the box of your applicable change. The change is applicable only for Name Server Information and Authorized Contact Person.
4. Indicate the **COMPLETE** name of your organization. DO NOT ABBREVIATE (e.g. Department of Information and Communications Technology).
5. Indicate the **COMPLETE** address of your agency (e.g. C.P Garcia Ave., Diliman, Quezon City).
6. Indicate the requested **.gov.ph** domain name of your agency. The **.gov.ph** domain name should **NOT** contain special characters (e.g. dict.gov.ph).
 - * Primary name server: *murphy.gov.ph*
 - * Secondary name server: *mike.gov.ph*
 - * Other NS: *elmo.gov.ph*Else, indicate your name servers' host names and their corresponding IP addresses. A minimum of two (2) name servers are needed for a domain.
8. There should be two (2) authorized contact persons and should be an employee of your agency. Authorized contact person from a third party is **NOT** allowed. Each contact person should have different phone numbers and email addresses.
9. Tick the box "I hereby certify that the information provided above is true and correct."
10. The Agency Head or MIS head must affix his/her signature over printed name and indicate the date when the form was signed. For Local Government Units, forms should be primarily signed by the Municipal Mayor/Provincial Governor, if not accommodated the Municipal Administrator/Provincial Administrator, or MIS Head should sign.
11. Submit the scanned copy (in PDF format) to dns@dict.gov.ph



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COMPLETE NAME OF ORGANIZATION	Department of Information and Communications Technology		
COMPLETE ADDRESS OF ORGANIZATION	DICT Building, C.P. Garcia Ave., Diliman, Quezon City		
REGION	NCR		
TELEPHONE NUMBER/MOBILE NUMBER	8-920-0101 / 09199610352		
FAX NUMBER	N/A		
.GOV.PH DOMAIN NAME	agency.gov.ph		
NAME SERVER INFORMATION			
	HOST NAME OF PRIMARY NAME SERVER	IP ADDRESS OF PRIMARY NAME SERVER	
	murphy.gov.ph	202.90.154.181	
	HOST NAME OF SECONDARY NAME SERVER	IP ADDRESS OF SECONDARY NAME SERVER	
	mike.gov.ph	202.90.158.241	
	HOST NAME OF OTHER NAME SERVER (if applicable)	IP ADDRESS OF OTHER NAME SERVER	
1.	elmo.gov.ph	175.41.160.78	1.
2.			2.
3.			3.
AUTHORIZED CONTACT PERSON/S			
MAIN CONTACT PERSON			
NAME:	Francisco Rivera	POSITION:	Computer Programmer III
EMAIL ADDRESS:	rivera.francisco@gmail.com	MOBILE NUMBER:	09199610352
ALTERNATE CONTACT PERSON			
NAME:	Gregorio Salvador	POSITION:	Computer Maintenance Technologist II
EMAIL ADDRESS:	salvador.gregorio@gmail.com	MOBILE NUMBER:	09174309617

I hereby certify that the information provided in this form is true and correct.

(Please refer to the instructions page for authorized signatories)

PRINTED NAME AND SIGNATURE
HEAD OF ORGANIZATION

01/01/2022

DATE

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