**Information Update Form**

Name of the University / Institution:

………………………………………………………………………………………………………

Current Address:

………………………………………………………………………………………………………

……………………………………………………………………………………………………

Telephone: …………………………………………………………………………………………

Fax: ………………………………………………………………………………………………

E-Mail: ……………………………………………………………………………………………

Website: ……………………………………………………………………………………………

Previous IP address: ………………………………………………………………………………

Current IP address: ………………………………………………………………………………

Reasons for changing IP address:

………………………………………………………………………………………………………

………………………………………………………………………………………………………

Authorized signatory

(Registrar)