



EBAC® Primary E-mail/Contact Change Request Form

This is to inform EBAC® that

_____ (name of your entity)

represented by _____ (name of legal representative)

using the current primary email _____ (the one registered in the system)

and the following contact information in the system:

Phone: _____

Address: _____

**authorizes the following individual as the new administrative contact to manage the
EBAC® Management system:**

New Contact Name: _____

New Primary Email User: _____

Position of the New Contact in the Organization: _____

Reason for Change: _____

Effective Date of Change: _____

Signature of legal representative

Place / Date

*Please add the seal of your institution.