

Declaration according to Section 3.3.1 of the .hu Domain Registration Policy

*for the transition of document-protected domain name(s) to factor authentication
domain registrar: natural person*

The undersigned

- **Name:**
- **Date of birth:**
or **ID card number:** **document expiration date:**
- **Address:**
- **Notification email address:**
- **Notification phone number:**

for the following domain(s) registered by me, I request the transition from document-protected registration to factor based registration.

- **Domain name(s):**

Domain name(s) protection level:

☒ Email only ☐ Email and authentication phone number

Factor data of the domain registrant:

- **Email address:**
- **Phone number:**

I acknowledge the risks associated with factor based authentication, including the fact that anyone with access to the authentication factor(s) I have provided may gain unrestricted control over the domain(s), even without my knowledge.

I understand that special attention must be paid to safeguarding control over authentication data.

Date: day month, 2025

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Signature

Witness 1:

Signature:

Name:

Address:

Witness 2:

Signature:

Name:

Address: