



Ballanta Wakiilka Daryeelka Caafimaadka

Jaheynta Hore Vermont ee Go'aamada Daryeelka Caafimaadka

Appointment of a Health Care Agent

SOMALI

Vermont Advance Directive for Health Care Decisions

MAGACAAGA

YOUR NAME

TAARIIQDA DHALASHADA

DATE OF BIRTH

TAARIIQDA

DATE

CIWAANKA

ADDRESS

GOBOLKA

STATE

ZIP

ZIP

MAGAALADA WEYN

CITY

Wakiilkaaga **daryeelka caafimaadka** ayaa kuu gaari karo go'aamada caafimaadka marka aadan aboodin ama aadan rabin inaad go'aamo u gaartid nafsadaada. Waa inaad xulatiid qof aad aaminsantahay, kaas oo fahmayo rabitaanadaada oo ogolaaday inuukuu matalo wakiil ahaan. Bixiyahaaga daryeelka caafimaadka ayaa laga yaabaa **INUUSAN** noqon wakiilkaaga illaamaa ay qaraabadaada yihiin. Wakiilkaaga ayaa laga yaabaa **INUUSAN** noqon milkiilaha, howlwadeenka, shaqaalaha ama qandaraaslaha xarunta daryeelka ee deegaanka, xarunta daryeelka caafimaadka ama xarunta asluubta meesha aad dagantahay waqtiga jaheyntaada hore la dhameystiray.

Your health care agent can make health care decisions for you when you are unable or unwilling to make decisions for yourself. You should pick someone that you trust, who understands your wishes and agrees to act as your agent. Your health care provider may **NOT** be your agent unless they are a relative. Your agent may **NOT** be the owner, operator, employee or contractor of a residential care facility, health care facility or correctional facility where you reside at the time your advance directive is completed.

Waxaanqofkaan u magacaabay inuu noqdo WAKIILKEYGA daryeelka caafimaadka:

I appoint this person to be my health care **AGENT**:

MAGACA WAKIILKA

AGENT NAME

IIMAYLKA

EMAIL

CIWAANKA

ADDRESS

TALEEFANKA GURIGA

HOME PHONE

TALEEFANKA SHAQADA

WORK PHONE

TALEEFANKA SHAQADA

WORK PHONE

(Haddii aad magacowdo **WAKIILLO ISLA SHAQEYO**, ku qor warqad gaar ah)

(If you appoint **CO-AGENTS**, list them on a separate sheet of paper)

Haddii wakiilkaan aanan la heli karin, uusan rabin ama uusan aboodin inuu noqdo wakiilkayga, waxaan qofkaan u magacaabay WAKIILKEYGA KALE ahaan:

If this agent is unavailable, unwilling or unable to act as my agent, I appoint this person as my **ALTERNATE AGENT**:

MAGACA WAKIILKA KALE

ALTERNATE AGENT NAME

IIMAYLKA

EMAIL

CIWAANKA

ADDRESS

TALEEFANKA GURIGA

HOME PHONE

TALEEFANKA SHAQADA

WORK PHONE

TALEEFANKA SHAQADA

WORK PHONE

Dadka kale ee lagala tashan karo go'aamada caafimaadka waxaa ka mid ah:

Others who may be consulted about medical decisions on my behalf include:

Bixiyaha daryeelka koowaad (Dhaqtarka, Kaaliyaha Dhaqtarka ama Kaalisada Dhaqtarka ah):

Primary care provider (Physician, PA or Nurse Practitioner):

MAGACA

NAME

TALEEFANKA

PHONE

CIWAANKA

ADDRESS

MAGACA

NAME

TALEEFANKA

PHONE

CIWAANKA

ADDRESS

Kuwa aan lala tashanaynin waxaa ka midah:

Those who should NOT be consulted include:

Faalooyinka Guud ee Ku saabsan Hadafkayga Daryeelka Caafimaadka:

General Comments About My Health Care Goals:

KU DHAWAAQIDA SAXIIXAN EE RABITAANADA / SIGNED DECLARATION OF WISHES

Waa inaad saxiixdaa midaan iyada oo LABO marqaati dadweyn xaadir yihiin. Dadka xiggo ayaa u **saxiixi karin** marqaati ahaan: wakiilkaaga (wakiiladaada), xaaska, waaladiinta, walaalaha, carruurta ama carruurta awowga u yahay.

You must sign this in the presence of TWO adult witnesses. The following people may **not** sign as witnesses:
your agent(s), spouse, parents, siblings, children or grandchildren.

Waxaan ku dhawaaqayaa in dokumintigaan uu muujinayo rabitaanada daryeelka caafimaadkeyga iyo inaan ku saxiixayo Jaheyntaan Hore ee rabitaankeyga xorta ah. I declare that this document reflects my health care wishes and that I am signing this Advance Directive of my own free will.

SAXIIXAN **TAARIIQDA**
SIGNED DATE

Waxaan cadeynayaa in saxiixaha u muuqday inuu fahamsanyahay nooca jaheyntaan hore iyo xor ka ahaanshaha cadaadis ama saameyn aan ku habooneyn waqtiga midaan la saxiixay. (Fadlan saxiix oo daabac)
I affirm that the signer appeared to understand the nature of this advance directive and to be free from duress or undue influence at the time this was signed. (Please sign and print)

MARQAATIGA 1 (QOR MAGACA)
WITNESS 1 (PRINT NAME)

SAXIIXA **TAARIIQDA**
SIGNATURE DATE

MARQAATIGA 2 (QOR MAGACA)
WITNESS 2 (PRINT NAME)

SAXIIXA **TAARIIQDA**
SIGNATURE DATE

Haddii qofka saxiixayo dukumeentigaan la gudbiyay ama uu yahay bukaan hadda ku jira **cisbitaal**, mid ka mid ah kuwan soo socda waa inuu saxiixaa oo uu cadeeyaa inay sharaxeen nooca iyo saamaynta jaheynta hore oo bukaan u muuqdo inuu fahmay oo ka xoroobay cadaadis. ama saamayn aan ku habooneyn wakhtiga saxiixida: *faahfaahiyaha isbitaalka loo qoondeeyey, wakiilka baaraha, wakiilka bukaan caafimaadka dhimirka, xubinta la aqoonsan yahay ee wadaadka, qareenka Vermont, ama wakiilka Maxkamadda Probate.*

If the person signing this document is being admitted to or is a current patient in a **hospital**, one of the following must sign and affirm that they have explained the nature and effect of the advance directive and the patient appeared to understand and be free from duress or undue influence at the time of signing: *designated hospital explainer, ombudsman, mental health patient representative, recognized member of the clergy, Vermont attorney, or Probate Court designee.*

Haddii qofka saxiixayo dukumeentigaan la seexiyo ama uu degan yahay **guri xanaano ama xarun daryeel la dego**, mid ka mid ah kuwan soo socda waa inuu saxiixaa oo uu cadeeyaa inay sharaxeen nooca iyo saamaynta jaheynta hore oo deganuhu wuxuu u muuqday inuu fahmay oo ka xoroobay cadaadis ama saamayn aan ku habooneyn wakhtiga saxiixida: *wakiilka baaraha, xubin la aqoonsan yahay oo wadaadka, qareenka Vermont, wakiilka Maxkamadda Probate, faahfaahiyaha isbitaalka loo qoondeeyey, wakiilka bukaan caafimaadka dhimirka, dhaqtarka aan u shaqayn xarunta, ama tabarucaha guriga daryeelka/xarunta daryeelka deegaanka tababaran.*

If the person signing this document is being admitted to or is a resident in a **nursing home or residential care facility**, one of the following must sign and affirm that they have explained the nature and effect of the advance directive and the resident appeared to understand and be free from duress or undue influence at the time of signing: *an ombudsman, recognized member of the clergy, Vermont attorney, Probate Court designee, designated hospital explainer, mental health patient representative, clinician not employed by the facility, or appropriately trained nursing home/residential care facility volunteer.*

Faahfaahiyaha kor lagu sheegay ayaa sidoo kale u adeegi karo sida mid ka mid ah labada marqaatiyo ee loo baahanyahay.
The explainer as outlined above may also serve as one of the two required witnesses.

MAGACA
NAME
JAGADA/BOOSKA
TITLE/POSITION

TALEEFANKA
PHONE

CIWAANKA
ADDRESS

SAXIIXA **TAARIIQDA**
SIGNATURE DATE

Kuwa xiggo waxay leeyihiin koobiga Jaheynta Hore (fadlan sax):
The following have a copy of my Advance Directive (please check):

Diiwaanka Jaheynta Hore ee Vermont

Vermont Advance Directive Registry
Wakiilka daryeelka caafimaadka
Health care agent

Dhaqtarka/Bixiyaha (bixiyayaasha):
Doctor/Provider(s):

Cisbitaalka (Cisbitaalada):

Hospital(s):

Xubinta (xubnaha) Qoyska:

Family Member(s):

TAARIIQDA LA DIIWAANGELIYAY:

DATE REGISTERED:

Wakiilka daryeelka caafimaadka kale
Alternate health care agent

Diiwaanka Jaheynta Hore ee Vermont
Heshiiska Diiwaangelinta iyo Ansixinta lagu Badelayo Foomka
(Dokumintiyada A & B oo Sharcigiiba Jaheynta Hore ee Vermont)

Vermont Advance Directive Registry
Registration Agreement & Authorization to Change Form
(Documents A & B per the Vermont Advance Directive Rule)

Jaheynada / Directions

- Aqri Xeerka Diiwaangelinta ee bogga 3aad oo dhameystir qeybaha hoose ee quseeyo. Fadlan u qor ama u daabac si cad.
Read the Registration Policy on page 3 and complete the relevant sections below. Please type or print clearly.
 - Diiwaangeliyaasha Waqtiga koowaad:** Dhameystir Warbixinta Diiwaangeliyaha Loo baahanyahay iyo Dokumintiga A.
First-time Registrants: Complete the Required Registrant Information & Document A.
 - Cusbooneysiinta Jaheynta Hore ee horaan feelka ugu jirto:** Dhameystir Warbixinta Diiwaangeliyaha Loo baahanyahay iyo Dokumintiga B. / Updating an Advance Directive already on file: Complete the Required Registrant Information & Document B.
- Ku lifaaq nuqulka saxiixan oo laga marqaati kacay ee jaheyntaada hore.
Attach a signed and witnessed copy of your advance directive.
- Diiwaangelinada **waa inay** ku jiraan foomka Heshiiska Diiwaangelinta ama Ansixinta lagu Badelayo oo dhameystiran iyo saxiixan iyo koobiga dokumintiga jaheynta hore ee saxiixan iyo laga marqaati kacay.
Registrations must include a completed and signed Registration Agreement or Authorization to Change form and a copy of the signed and witnessed advance directive document.
- Markii foomamka la dhameystiro oo la saxiixo, ku soo dir foomamka i-meel ahaan, boostada **ama** fakiska:
Once forms are completed and signed, send forms by email, mail or fax:

U dir iiamayl: VADRSubmissions@uslwr.com
E-mail to:

Ama u dir iimayl: Vermont Advance Directive Registry (VADR)
Or Mail to: PO Box 2789
Westfield, NJ 07091-2789

Ama U dir Fakis: 908-654-1919
Or Fax to:

Wixii warbixin dheeraad ah booqo: <http://healthvermont.gov/vadr/> ama soo wac 1-888-548-9455
For additional information visit: <http://healthvermont.gov/vadr/> or call 1-888-548-9455

Warbixinta Diiwaangelinta loo baahanyahay / Required Registrant Information

Magaca: Hore _____ Dhexe _____ Dambe _____ Gadaal gelis _____
Name: First _____ Middle _____ Last _____ Suffix _____

Taariiqda Dhalashada: ____ / ____ / ____ - ____ - ____
Date of Birth:

Ciwaanka Dirista Koowaad: _____
Primary Mailing Address:

Magaalada/Magaalada weyn: _____ **Gobolka:** _____ **Furaha koodhka:** _____
Town/City: _____ State: _____ Zip code: _____

Lambarka Taleefanka: Koowaad (____) _____ - _____ **Wax kale:** (____) _____ - _____
Phone Number: Primary _____ Other: _____

Ma jeclaan laheyd in lagaala soo xiriiro i-meel ahaan? **Maya** **Haa**
Would you like to be contacted by e-mail? No Yes

Ciwaanka limaylka: _____
Email Address:

Ciwaanka Dirista Labaad (haddii ay quseeyso): _____
Secondary Mailing Address (if applicable):

Magaalada/Magaalada weyn: _____ **Gobolka:** _____ **Furaha koodhka:** _____
Town/City: _____ State: _____ Zip code: _____

Xiriirada Xaalada degdega / Emergency Contacts

Koowaad: Magaca: _____
Primary: Name: _____

Xiriirka ka dhaxeeyo Diiwaangeliyaha: _____ **Lambarka Taleefanka:** (____) _____ - _____
Relationship to Registrant: _____ Phone Number: _____

Labaad: Magaca: _____
Secondary: Name: _____

Xiriirka ka dhaxeeyo Diiwaangeliyaha: _____ **Lambarka Taleefanka:** (____) _____ - _____
Relationship to Registrant: _____ Phone Number: _____

Registry Use Only
Received: _____
Confirmed: _____

OGEYSIIS: Dhammaan waxyaabaha loo soo gudbiyo Diiwaanka waa in ay ku jiraan nuqulka jaheynta Hore oo saxiixan iyo laga marqaati kacagay. Tani waxay quseysaa labadaba soo gudbinada ugu horeyso iyo cusbooneysiinada dokumintiyada jiray.

NOTICE: All submissions to the Registry must include a signed and witnessed copy of the registrant's Advance Directive. This applies to both first-time submissions and updates to existing documents.

Dokumentiga A: Heshiiska Diiwaangelinta
Document A: Registration Agreement

Dhameystir qeybtaan **kaliya** haddii midaan ay tahay markaaga ugu horeysay ee aad iska diiwaangelineysid jaheyntaada hore. Complete this section **only** if this is your first time registering your advance directive.

Anigoo ah, _____ (**daabac magaca**) waxaan codsanayaan in jaheynteyda hore laga diiwaangeliyo Diiwaanka Jaheynta Hore ee Vermont, iyo ansixinta helitaankeeda sida uu ogolyahay sharciga Vermont. Saxiixidaan meesha hoose, waxaan qirayaa oo aan cadeynayaa in: macluumaadka la bixiyay ay tahay mid sax ah; Waan akhriyay, fahmay, oo ogolaaday shuruudaha Xeerka Diiwaanka Diiwaangelinta; Waan ka ilaalinayaa lambarkeyga aqoonsiga diiwaaniheyga iyo kaarka boorsada jeebka helitaan aan ansax aheyn; oo waxaan isla markiiba ku ogeysiinayaa Diiwaaniyaha qoraal ahaan isbadelada lagu sameeyo macluumaadkeyga diiwaanka ama jaheynta hore. Waxaan heshiiskan u fuliyay si iqtiyaari ah oo aan cidna ku khasbin, cadaadin, ama saamayn aan ku habooneyn oo ay dhinac walba ku yeelan. Waxaan fahamsanahay in qof kasta oo heli kara kaarka boorsada jeebkeygu uu u isticmaali karo si uu u galo dukumentiyadeyda iyo macluumaadka shakhsiga. Ansixinta ayaa soconeyna illaa aan ka laabto.

I, _____ (**print name**) request that my advance directive be registered in the Vermont Advance Directive Registry, and authorize its access as allowed by Vermont law. By signing below, I acknowledge and affirm that: the information provided is accurate; I have read, understand, and agree to the terms of the Registry Registration Policy; I will safeguard my registrant identification number and wallet card from unauthorized access; and I will immediately notify the Registry in writing of changes to my registration information or advance directive. I execute this agreement voluntarily and without coercion, duress, or undue influence by any party. I understand that anyone who has access to my wallet card can use it to gain access to my documents and personal information. This authorization remains in effect until I revoke it.

Saxiia Diiwaaniyaha: _____ **Taariiqda:** _____
Signature of Registrant: _____ Date: _____

Dokumintiga B: Ogolaanshaha lagu Badelayo
Document B: Authorization to Change

Dhameystir **kaliya** haddii aad hadda diiwaangashantahay oo aad ku sameyneysid cusbooneysiin jaheynta hore ee horaan feelka diiwaanka ugu jirtay.

Complete **only** if you are currently registered and making updates to an advance directive already on file with the registry.

Sax sanduuqa hoose ee quseeyo gudbintaada.

Check the box below that applies to your submission.

Wax ka beddelida: Sax sanduuqaan si aad wax uga bedesho jaheynta hore ee jirtay. Taariikhda dukumentiga hore waa lagu haynayaa feelkaaga.

Amend: Check this box to amend your existing advance directive. Prior document history will be retained in your file.

Beddelida: Sax sanduuqaan si aad u bedesho jaheynta hore ee jirtay. Taariikhda dukumentiga hore laguma haynayo feelkaaga.

Replace: Check this box to replace your existing advance directive. Prior document history will not be retained in your file.

Hakinta: Calaamadee sanduuqaan si aad si ku meel gaar ah u hawlgeliso dhammaan ama qayb ka mid ah jahayntaada hore muddo cayiman. / **Suspend:** Check this box to temporarily inactivate all or part of your advance directive for a defined period of time.

Taariikhda Bilowga: _____ **Taariikhda Dhammaadka:** _____
Begin Date: _____ End Date: _____

Ka noqoshada: Sax sanduuqaan si aad uga tirtid jaheyntaada hore diiwaanka. (Tani waa ka saarid joogta ah ee Diiwaanka).
Revoke: Check this box to delete your advance directive from the registry. (This is a permanent removal from the Registry)

Anigoo ah, _____ (**qor magaca**) waxaan cadeynayaa in foomkaan si sax u matalayo isbadelada aan sameeyay, iyo isbadeladaan waa sax. Intaa waxaa dheer, waxaan oggolaaday isbeddellada inay ka muuqdaan Diiwaanka Jaheynta Hore.

I, _____ (**print name**) certify that this form accurately represents the changes I have made, and these changes are accurate. Additionally, I authorize the changes to be reflected in the Advance Directive Registry.

Saxiia Diiwaaniyaha: _____ **Taariiqda:** _____
Signature of Registrant: _____ Date: _____

Xeerka Diiwaangelinta / Registration Policy

Jaheynta hore waa dukumenti sharci ah oo gudbiya rabitaanka qofka ee ku saabsan daaweynta daryeelkooda caafimaadka iyo dooqyada sakaraadka haddii ay noqdaan kuwa itaal daran ama haddii kale aan u suurtoqaleynin inay garaan go'aamadaas. Diiwaanka Jaheynta Hore ee Vermont waa goob xog oo u ogolaato dadka inay koronta ahaan u keydiyaan koobiga dokumintigooda jaheynta hore ee ku jirto goobta xogta illaalsan. Goobtaas xogta waxaa lageli karaa markii ay u baahdaan bixiyayaasha daryeelka caafimaadka loo ansixiyay, xarumaha daryeelka caafimaadka, xarumaha daryeelka deegaanka, agaasimayaasha duugta, iyo hawl-wadeenada meed gubida. Wixii macluumaad dheeraad ah, booqo: <http://healthvermont.gov/vadr/>.

An advance directive is a legal document that conveys a person's wishes regarding their health care treatment and end of life choices should they become incapacitated or otherwise unable to make those decisions. The Vermont Advance Directive Registry is a database that allows people to electronically store a copy of their advance directive document in a secure database. That database may be accessed when needed by authorized health care providers, health care facilities, residential care facilities, funeral directors, and crematory operators. For more information, visit: <http://healthvermont.gov/vadr/>.

1. Si loo diiwaan geliyo jaheynta hore, diiwaangeliyaha waa inuu dhameystiraa oo ku soo diraa foomka Heshiiska Diiwaanka oo ay la jiraan koobiga dokumintiga jaheynta hore ee:

To register an advance directive, the registrant must complete and send the Registration Agreement form along with a copy of the advance directive document to:

The Vermont Advance Directive Registry
PO Box 2789
Westfield, New Jersey 07091-2789

2. Marka la helo Heshiiska Diiwaangelinta iyo lifaaqyada, Diiwaanka ayaa ka sawirayo jaheynta hore oo ku keydinayo goobta xogta oo ay la jiraan warbixinta aqoonsaneyso diiwaaniyaha ee Heshiiska Diiwaangelinta. Diiwaanka ayaa u soo dirayo warqad xaqiijinta diiwaaniyaha oo ay la jiraan lambarka diiwaanka, tilmaamaha lagu isticmaalayo lambarka diiwaanka ee lagu galayo dokumintiyada websaydka Diiwaanka, kaarka boorsada jeebka, iyo istiikaro lagu lifaaqayo shatiga darawalnimada ama kaarka caymiska. Diiwaangelintu ma shaqeyneysa illaa laga helayo warqadda xaqiijinta iyo qoraalada diiwaangelinta uu sameeyay diiwaangeliyaha.

Upon receipt of the Registration Agreement and attachments, the Registry will scan the advance directive and store it in the database along with registrant identifying information from the Registration Agreement. The Registry will send a confirmation letter to the registrant along with a registration number, instructions for using the registration number to access documents at the Registry website, a wallet card, and stickers to affix to a driver's license or insurance card. The registration is not effective until receipt of the confirmation letter and registration materials is made by registrant.

3. Diiwaangeliyayaasha waa inuu la wadaago lambarka diiwaangelinta kaarka boorsada jeebka qof walba ee aheyd inuu galo jaheynadooda hore: tusaale ahaan, wakiilka diiwaangeliyaha, xubnaha qoyska, ama dhakhtarka. Qof kasta ayaa geli karo jaheynta hore ee qofka isaga oo adeegsanayo lambarka diiwaangelinta. Intaa waxaa dheer, marka lambarka diiwaangelinta aan si diyaar ah loo heli karin, bixiyaha daryeel caafimaad loo ansixiyay ayaa u raadin kara Diiwaanka jaheynta hore ee qofka gaarka ah iyada oo la adeegsanayo macluumaadka aqoonsanayo shaqsigu diiwaaniyaha.

Registrants should share the registration number from the wallet card with anyone that should have access to their advance directives: for example, the registrant's agent, family members, or physician. Anyone may access a person's advance directive using the registration number. Additionally, when the registration number is not readily available, an authorized health care provider can search the Registry for a specific person's advance directive using a registrant's personal identifying information.

4. Diiwaaniyaha ayaa masuul ka ah hubinta in:

The registrant is responsible for ensuring that:

- a. Jaheynta hore waxaa malaha lagu fulliyaa sida waafaqsan sharciyada gobolka Vermont.

The advance directive is properly executed in accordance with the laws of the state of Vermont.

- b. Nuqulka jaheynta hore ee loo diray Diiwaanka, haddii koobiga asalka ah, uu saxanyahay iyo la aqrin karaa.

The copy of the advance directive sent to the Registry, if a photocopy of the original, is correct and readable.

- c. Nuqulka dardaaranka hormariska ah ee loo diray Diiwaanka, haddii koobiga asalka ah, waa sax waana la akhriyi karaa.

The information in both the Registration Agreement and advance directive documents is accurate and up to date.

- d. Diiwaanka waxaa lasoo ogeysiinayaa sida ugu dhaqsiiha badan ee suurtoqalka ah oo isbadelo walba ee ku aadan jaheynta hore ama macluumaadka diiwaangelinta iyadoo la dhameystirayo oo la gudbinayo Ansixinta loogu Badelayo foomka isbadelada ku lifaaqan, ama la doorbidayo, koobiga la cusbooneysiisay ee jaheynta hore ee Diiwaanka.

The Registry is notified as soon as possible of any changes to the advance directive or registration information by completing and submitting an Authorization to Change form with the changes appended, or preferably, with an updated copy of the advance directive to the Registry.

5. Diiwaangelinta hore sidoo kale sida isbeddelada ku xigga iyo cusbooneysiinta macluumaadka diiwaangelinta ama dukumentiyada jaheynta hore waa bilaash.

Initial registration as well as subsequent changes and updates to the registration information or the advance directive documents are free of charge.

6. Heshiiska Diiwaangelinta waa inuu shaqeyneysaa illaa Diiwaanka ka helo macluumaad lagu kalsoonaan karo oo uu diiwaaniyaha uu dhinto, ama diiwaaniyaha ayaa ku codsado qoraal ahaan in Heshiiska Diiwaanka la joojiyo. Markii Heshiiska la joojiyo, Diiwaangelinta waxay ka saareysaa jaheynta hore goobta xogta Diiwaaniyaha, iyo feelka markale ma geli karaan bixiyayaasha.

The Registration Agreement shall remain in effect until the Registry receives reliable information that the registrant is deceased, or the registrant requests in writing that the Registration Agreement be terminated. When the Agreement is terminated, the Registry will remove registrant's advance directive from the Registry database, and the file will no longer be accessible to providers.

7. Kaliya diiwaangeliyaha ayaa bedeli kara xeerarka Heshiiska Diiwaangelinta.

Only the Registry can change the terms of the Registration Agreement.