

Domain Name Registration Application Form

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| Domain Name: | |
| Sponsoring Registrar: | |
| Registrant Name: | |
| Organization | |
| Address: | |
| Telephone: | |
| Fax: | |
| Email: | |
| Administrative Contact ID: | |
| Technical Contact ID: | |
| Payment Contact ID: | |
| Representative ID: | |
| Main Domain Name Server: | |
| Main DN server IP: | |
| Secondary Domain Name Server: | |
| Secondary DN Server IP | |
| Registration Date: | |
| Expiration Date: | |
| Applying Organization (Signature or Company Stamp) | |
| Date: | |

Note:

1. The applying party verifies the information provided above is authentic, accurate and complete.
2. Any legal charges raised due to the false information provided above, will be borne by the applicant.