

For Official use

A/A

Request for New Registration and license to use of Domain Name under the CY top level domain

A1. Individual requesting license for a Domain Name (Registrant)

Individual Name: _____

ID Card # _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

A2. Organization requesting license for a Domain Name (Registrant)

Organization Registered Name: _____

Organization Active Name: _____

Organization Reg. # _____

Brief description of institution: _____

Owner Contact: (CEO or equivalent) _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Web Site: _____

Requested domain name: _____

Valid domain names are those with at least 3 letters. Domain names may contain only alphanumeric characters and the special character "-" (hyphen). The requested domain name does not infringe upon any Laws of the Land, International Treaties and ICANN guidelines regarding Trademark, Copyright and Famous Names issues.

Second level domain under which the above domain will be registered¹:

org.cy pro.cy biz.cy press.cy

ac.cy com.cy tm.cy ltd.cy

net.cy name.cy parliament.cy ekloges.cy

¹ The second level domain «gov.cy» is under the administration of the Ministry of Finance.

B. Contacts

1. Administrative contact for the domain

Same as Registrant

Name and Surname: _____

Certificate of registration/ naturalization number: _____
(If you obtained Cyprus citizenship by Registration or Naturalization)

Card Identity: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

2. Technical contact for the domain

Same as Registrant Same as Administrative Contact Other (Please specify below)

Name and Surname: _____

Card Identity: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

3. Billing Contact

Same as Registrant Same as Administrative Contact
 Same as Technical Contact Other (Please specify below)

Name and Surname: _____

Card Identity: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

C. Name server information

Use the space below to indicate at least two name servers. Do not list name servers if you do not have permission from the name server listed. Listing name servers without the explicit approval of the owners can cause operational problems for owners to do so.

Primary name server IP address : _____

Primary name server fully qualified domain name : _____

1st Secondary name server IP address : _____

1st Secondary name server fully qualified domain name : _____

2nd Secondary name server IP address : _____

2nd Secondary name server fully qualified domain name : _____

3rd Third name server IP address (if any) : _____

3rd Third name server fully qualified domain name (if any) : _____

D. Method of Payment:

By Cheque CQ No: _____ Date: _____ Amount: _____

- Bank Deposit By
- Bank Transfer By
- Cash
- By Credit Card

I acknowledge that I have read the Domain Name Registration Information and Rules, understand it, and agree to be bound by its terms and conditions and verify that all information given is correct, and not violating any laws of the land, International Treaties or ICANN guidelines; I further agree it is the complete and exclusive statement of the agreement between us which supercedes any proposal or prior agreement, oral or written and any other communications between us relating to the subject matter of the agreement.

Please indicate if you want the information in parts A, B1, B2, B3 to be made available to the public.

Yes No

Name and Surname: _____
(Registrant or Administrative contact)

Signature: _____ Date: _____

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Evaluation

Accepted Not Accepted

Reason: _____

Signature: _____
 For the Registrar

Date: _____