

For Official use

A/A .....

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

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### 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: (P.O. Box, Town, Country) \_\_\_\_\_  
\_\_\_\_\_  
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 registered:

- ac.cy     com.cy     net.cy     org.cy  
 biz.cy     pro.cy     name.cy     ekloges.cy  
 tm.cy     ltd.cy     press.cy     parliament.cy

### B. Contacts

(Please complete and return all 3 pages)

Revised: August 31<sup>st</sup>, 2005

**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 : \_\_\_\_\_

1<sup>st</sup> Secondary name server IP address : \_\_\_\_\_

1<sup>st</sup> Secondary name server fully qualified domain name : \_\_\_\_\_

2<sup>nd</sup> Secondary name server IP address : \_\_\_\_\_

2<sup>nd</sup> Secondary name server fully qualified domain name : \_\_\_\_\_

3<sup>rd</sup> Third name server IP address (if any) : \_\_\_\_\_

3<sup>rd</sup> 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: \_\_\_\_\_

#### FOR OFFICIAL USE ONLY

(Please complete and return all 3 pages)

Revised: August 31<sup>st</sup>, 2005

**Evaluation**

Accepted       Not Accepted

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
                    For the Registrar

Date: \_\_\_\_\_