

Manual Registration Request

By signing this form you warrant that you are authorised as, or on behalf of the licensee.

Under no circumstance will any information be passed to any third party, or used for any purpose other than to keep your domain name fully licenced and functional.

I hereby grant Discount Domain Name Services authority to update records and contact details held in the AUNIC registry for our domain name

Domain name: _____

I warrant that I am : (please tick)

The owner **An authorised employee** **An authorised agent**

Name:- _____

Organisation:- _____

A.C.N. or R.B.N:- _____

Address:- _____

Address:- _____

State:- _____ **Post Code:-** _____

Phone:- _____ **Fax:-** _____

E-mail:- _____

Signature:- _____

Card No:- _____

Expiry Date:- _____ **Amount:** _____