

DOMAIN NAME REGISTRATION & APPLICATION FORM

NATIONAL INFORMATION & COMMUNICATION TECHNOLOGY CENTER

1) TYPE OF SERVICE	<input type="checkbox"/> NEW REGISTRATION	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> MODIFY (CHANGE) CONTACT
	<input type="checkbox"/> ONE YEAR	<input type="checkbox"/> TWO YEARS	<input type="checkbox"/> THREE YEARS

Please fill in this application form carefully and make sure that you provide correct, complete and accurate information. By registering the Domain Name(s) listed here in the application form you will be entering into a registrant agreement with Knnic.

2) APPLICANT DETAILS (MANDATORY)			
Company Name:		Address Country:	
Contact Person:	Email:	P.O.Box:	
Address Street:		ZIP Code:	
Address City:		Phone/Mobile:	
Address State:		Fax:	

3) ADMINISTRATIVE CONTACT (MANDATORY)			
Name:		Address Country:	
Email:		P.O.Box:	
Address Street:		ZIP Code:	
Address City:		Phone/Mobile:	
Address State:		Fax:	

4) TECHNICAL CONTACT (OPTIONAL)			
Name:		Address Country:	
Email:		P.O.Box:	
Address Street:		ZIP Code:	
Address City:		Phone/Mobile:	
Address State:		Fax:	

5) BILLING CONTACT (OPTIONAL)			
Name:		Address Country:	
Email:		P.O.Box:	
Address Street:		ZIP Code:	
Address City:		Phone/Mobile:	
Address State:		Fax:	

6) NAME SERVER DETAILS (OPTIONAL)			
Primary Server Name:			
Host Name:		IP Address:	
Secondary Server Name:			
Host Name:		IP Address:	

7) REQUIRED DOMAIN NAME (S)		
1)	4)	7)
2)	5)	8)
3)	6)	9)

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PAYMENT DETAILS (PLEASE ENCLOSE FULL PAYMENT, ALL PRICES ARE IN US DOLLARS)

OVERSEAS DETAILS (PLEASE FIND THE ATTACHED INFORMATION FOR THE WIRE TRANSFER)

WIRE TRANSFER: _____

LOCAL DETAILS

CASH _____ CHEQUE _____ TRANSFER VOUCHER _____

REGISTRANT OR REPRESENTATIVE (IF APPLICABLE)

Name:	Signature:
Address:	
Trade License #:	Date:

By submitting this application for a domain name, you hereby confirm that you are eligible to hold the domain name set out in the application, and that all information provided in this application is true, complete and correct, and is not misleading in any way. If any information is later found not to be true, or is incomplete, incorrect, or misleading in any way, or if you have submitted this application in bad faith, the domain name licence shall be cancelled and you shall permanently lose the use of the domain name. Also you agree to the terms & conditions attached with this application form and / or available on web site at <http://www.nic.kn>.

SENDER INFORMATION

Sender account#:
Sender's name:
Sender Address:
Sender City:
Sender Country:

FOR OFFICE USE ONLY

Date received: _____ Day/month/year	Applying for Domain:	<input type="checkbox"/> Registration	<input type="checkbox"/> Renewal
Form Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Receipt #: _____	Credit Advice No: _____		
Receiver Signature: _____	Manager Approved Signature: _____		
Domain handle: _____	Pass word: _____	Exp. Date: _____	