Domain Registration Form

A.   Date of Request　_____

B.   Domain & Term of Registration

Domain*	Term*	Registration Fee
	1	
Total Amount		

C.   Registrant/ Organization Information

(ii) New Customer (can leave blank if wish to have random userID)

User ID	
Password	

(iii) Domain Name Information

Registrant (Organization/ Owner Name)			
First Name			
Last Name			
Email Address			
Organization Name & Address			
City		State	
Country		Post Code	
Tel No		Fax No.	

(ii) Administrative Contact : (Please tick "√" if it is same as Registrant Information √__)

Administrative Company Name			
Administrative First Name			
Administrative Last Name			
Email Address			
Organization Address			
City		State	
Country		Post Code	
Tel No		Fax No.	

(iii) Technical Contact : (Please tick "√" if it is same as Registrant Information __)

Technical Company Name	
Technical First Name	
Technical Last Name	

Email Address	
Organization Address	
City		State	
Country		Post Code	
Tel No		Fax No.	

(iv) Billing Contact : (Please tick "√" if it is same as Registrant Information _√_)

Billing Company Name	
Billing First Name	
Billing Last Name	
Email Address	
Organization Address	
City		State	
Country		Post Code	
Tel No		Fax No.	

D. **Specify DNS Server or URL Forwarding for my domain** *(Please leave both options blank if you do not have either one. Your website will appear as "Under Construction")*

(i) Hostnames for your DNS Servers	
Primary DNS Server (Hostname) :	
Secondary DNS Server (Hostname):	

<div align="center">**OR**</div>

(ii) Configure URL Forwarding	http://