APPLICATION FOR REGISTRANT INFO SERVICE SEARCH – OWN .NZ NAMES

Please complete this form electronically, then print, sign, and return to The Domain Name Commission, at:
Domain Name Commission Limited
P O Box 11881
Wellington 6142
New Zealand

Complete this section if you are requesting information on behalf of an organisation:

1. Name of organisation

2. Trading name (if applicable)

3. Name of contact person

Complete this section if you are requesting information on behalf of an individual:

4. Name

5. Date of birth

All applicants to complete the following:
6. Address

7. Phone (day)

8. Phone (mobile)

9. Phone (after hours)

10. Fax

11. Email

12. Evidence as to the applicant's identity and contact details (for example, a photocopy of a driver's licence) and, where appropriate, evidence as to the applicant's authority to apply for a search on behalf of a company (for example, written authorisation signed by a director of the relevant company);

Please describe the evidence that you are enclosing here, then attach to the hard copy of this form.

13. Search criteria requested

13. Declarations - please tick the following boxes, and sign your declaration below.

I declare that the information is for the purposes as defined in the .nz policies only; □

I confirm that the information gained from this search will not be misused; □

I confirm that I am requesting this search to confirm domain names for which I am the registrant; □
Or

I have been authorised to make this search request on behalf of a client. □

Signed ______________________

Print name ____________________

Date ______________________