

FORM OF ALLOCATION - DNA1

Please complete this form if, under the previous system, you operated as an accredited .nz provider. Complete it electronically, then print, sign, and return to The Domain Name Commissioner, at:

Office of the Domain Name Commissioner
InternetNZ
Private Bag 11881
Wellington

1. Please read the following statements and sign in confirmation at the bottom of the page.
 - a) I declare that I fit the description of an accredited .nz provider as defined in clause 2.4(a) of the Domain Name Allocation Process Policy.
 - b) I declare that the attached list of domain names is a true and accurate list of domain names under my management.
 - c) Declare that I fit the description of an accredited .nz provider as defined in clause 2.4 (a) of the Domain Name Allocation Process Policy.
 - d) Agree to indemnify Domainz and InternetNZ in the event of the registrant making any claim on Domainz as a result of, or in any way arising out of, the assignment of a domain name to me.

Signed:

Date:

Print full name:
