

DOMAIN REGISTRATION AND HOSTING APPLICATION FORM

1	Name of company or individual owning the domain			
2	Company/Trust/CC/ID number			
3	Industry Type			
4	Owner Contact Details			
	Work Telephone		E-mail	
	Work Facsimile		Cell	
	Physical Address			
	Postal Address			
5	Administrator Contact Details (If other than ITM)			
	Full Names			
	Work Telephone		E-mail	
	Work Facsimile		Cell	
6	Technical Contact Details (If other than ITM)			
	Full Names			
	Work Telephone		E-mail	
	Work Facsimile		Cell	

I from company

hereby give ITM Trust. permission to transfer register host

My Domain Name: www

Does this domain name exist? Yes No I don't know

I agree to ITM Trust terms and conditions for website hosting.

Signature (Duly authorized signatory)

Date