Registrar to Registrar Transfer Request Form

<u>Instructions</u>: Please complete this form with the current domain name information on record. The Registrar to Registrar Transfer Request Form may be sent to: <u>nu-support@nic.nu</u> or <u>payments@nic.nu</u> or FAX to.NU Domain: +1-508-242-9711 or +1-508-242-9712

- 1. Registrar Name:
- 2. Domain Name(s):
- 3. <u>Domain Name Owner and Billing Contact Information:</u>
- 3a. Contact First Name:
- 3b. Contact Last Name:
- 3c. Organization/Business Name:
- 3d. Billing Email:
- 3e. Title:
- 3f. Address:
- 3g. City:
- 3h. State/Province:
- 3i. Post/Zip Code:
- 3j. Country Code (2 letter):
- 3k. Voice Telephone (Incl. country code):
- 31. Fax Telephone (Incl. country code):
- 4. <u>Technical Contact Information</u>:
- 4a. Name:
- 4b. Billing Email:
- 4c. Organization:
- 4d. Address:
- 4e. City:
- 4f. State/Province:
- 4g. Post/Zip Code:
- 4h. Country Code (2 letter):
- 4i. Voice Telephone (Incl. country code):
- 4j. Fax Telephone (Incl. country code):

Name Server Information:

Name Server 1Name:

IP #:

Name Server 2 Name:

IP #:

Submission of the above form incorporates by reference agreement to our 'Terms and Conditions for Registering a .NU Domain Name' found at: http://www.nunames.nu/about/terms.cfm

Registrant Authorized Signature For Registrar to Registrar Transfer Request

1. In signing this application, I CERTIFY & W	ARRANT that: I	
(Domain holder of record or legal representation	ive) authorize this Regi	istrar to Registrar
transfer of the domain name fi	rom	(Current
Registrar) to(New Registrar).		
2. I agree that the change of .NU Domain Certiyear extension of domain name registration, seper the terms and conditions of your Registration http://www.nunames.nu/about/terms.cfm	t from the date of curre	ent expiration, and
Signed:		
Print Full Name:		
Position/Title:		
Date:Month	Year	
Complete and FAX the Registrant Authorized +1-508-242-9711 or +1-508-242-9712	Signature form (above)	to .NU Domain: