**APPLICATION FOR A DOMAIN NAME REGISTRATION**

**PART A: APPLICANT INFORMATION**

*(Please read the information provided at the back of this Form before completion)*

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<tbody>
<tr>
<td>1.</td>
<td>Name:………………………………………………………………………………………………………………………</td>
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<td>2.</td>
<td>Nationality:………………………………………………………………………………………………………………</td>
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| 3. | Address of Applicant *(registered office or principal place of business)*:  
   | ………………………………………………………………………………………………………………………………… |
| 4. | Mailing Address *(if different from registered office address or principal place of business)*:  
   | ………………………………………………………………………………………………………………………………… |
| 5. | Applicant is a *(n)*:  
   | Individual □ Corporation □ Unincorporated Association □ Partnership □ |
| 6. | Please indicate whether this is: a new application □ an application to modify an existing licence □  
   | an application to renew a licence □ |
| 7. | Telephone No:……………………………..…              Facsimile No.: …………………………………….................... |
| 8. | “E-mail” address:………………………………………………………………………………………………………… |
| 9. | Name of Manager of entity:……………………………………………………………………………………………..… |
| 10. | Person in Barbados to be contacted in absence of Manager or Administrative Contact:  
    | Name:…………………………………………………………………………………………………………………………… |
|    | Address:…………………………………………………………………………………………………………………………… |
|    | ……………………………………………………………………………………………………………………………………………… |
|    | Telephone No:………………………………………    “E-mail” Address:……………………………………………… |
| 11. | VAT Registration No:…………………………………………………………………………………………………….. |
### PART B: DOMAIN NAME REGISTRATION INFORMATION

<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
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| 12. BILLING INFORMATION | Name: .................................................................
| | Address: ...............................................................
| | .................................................................
| | ................................................................. |
| 13. SERVICE INFORMATION | Domain Name: .........................................................
| | Purpose: ..............................................................
| | .................................................................
| | .................................................................
| | Date Applied: ..................................................
| | Request For Service (RFS) Date being applied for: .................. |
| 14. ADMINISTRATIVE CONTACT | NAME: .................................................................
| | TITLE/ POST HELD: .............................................
| | Address: .............................................................
| | .................................................................
| | .................................................................
| | Tel: .................................................................
| | Fax: .................................................................
| | Email: ............................................................. |
| 15. DOMAIN NAME SERVER INFORMATION | Primary DNS Name: ................................................
| | Primary DNS Address: ...........................................
| | Secondary DNS Name: ............................................
| | Secondary DNS Address: ........................................
The Applicant declares that all the information in this application form is true and correct. The Applicant understands that approval from the Ministry responsible for Telecommunications in Barbados for this application is based on information as declared in this application. The Applicant further acknowledges that, should any of the information declared herein be found to be untrue, inaccurate or incorrect, any registration granted by the Ministry will be rendered null and void. The Ministry reserves its right to impose penal sanctions against the Applicant under any applicable laws and regulations in force and this is without prejudice to any civil remedies that the Ministry has against the Applicant if any of the information declared in the application be found to be untrue.

____________________________________                                     ______________________________________
Signature                                                                                     Company Stamp (if applicable)

____________________________________                                                                 ________________________________
Name                                                                                         Date (dd/mm/yy)

FOR INTERNAL USE ONLY

SERVICE ADMINISTRATION                                                                      TECHNICAL INSTALLATION
Date installed:____________________________                                                Domain established by: ________________________________
RFS Date: ______________________________                                                 Date established: ________________________________
Name: _________________________________                                                   Name: _________________________________
Date established: __________________________

Signature:_____________________________                                                   Signature:_____________________________
IMPORTANT INFORMATION

1. There is an Annual Operating fee of $120.00 per Domain Name per year as prescribed by the Telecommunications (Licence Fees) Regulations, S.I. 2003 No. 78.

2. Where supporting documents are required, the Applicant is required to send documents to the:

   Telecommunications Unit
   Trinity Business Centre
   Country Road
   St. Michael
   Barbados BB11081
   Tel. No. (246) 535 -2540   Fax : 426 - 0960

3. Where application is made by a corporation, partnership, unincorporated association or other similar entity, the application must be made by the authorized officer(s) of such entities.