

Global Registrar of Choice



REGISTRY KEY RECOVERY FORM (gTLD)

MELBOURNE IT AUTHORISATION FORM TO RE-ISSUE REGISTRY KEY FOR .COM, .NET & .ORG DOMAIN NAMES

HOW TO USE THIS FORM

Please note that you will need to provide full and correct details in this form. If you are not the current Administrative Contact for this Domain Name, then you must attach the necessary supporting documentation for this request to be processed. Once completed, please send this form and any necessary supporting documentation to Melbourne IT Limited : Level 2, 120 King Street, Melbourne VIC AUS 3000 or fax to Melbourne IT Ltd on : + 61 3 9620 2388.

➔ 1. AUTHORISATION TO RE-ISSUE REGISTRY KEY

I / WE : _____
(Name of Administrative Contact
or Licence Holder)

THE LICENCE HOLDER (Domain Name)
(or authorized agent) : _____
for the Domain Name

Hereby request and authorize Melbourne IT to re-issue the Registry Key for the above domain name.

➔ 2. WARRANTY AND AUTHORISATION

I hereby request and authorise Melbourne IT, also trading as Internet Names WorldWide (INWWW) to re-issue the Registry Key for the above domain name. I warrant that I am authorised to request the Registry Key as, or on behalf of, the license holder. I agree that Melbourne IT Ltd is not responsible for any demand which may be made against me or Melbourne IT Ltd by any party as a result of the issue of this Registry Key and I agree to hold harmless and release Melbourne IT Ltd from and against any claims.

TODAY'S DATE : _____ / _____ / _____ (dd / mm / yy)

EMAIL ADDRESS : _____
(your Registry Key will be sent here)

SIGNED* : _____

*** IMPORTANT NOTE :** This person *MUST BE* the Administrative Contact listed for the Domain Name. Please check the Administrative Contact at www.melbourneit.com.au.

➔ 3. IF ADMINISTRATIVE CONTACT HAS CHANGED

If the Administrative contact is no longer current, then the following section will need to be completed by the license holder, or the principal of the organization that holds the domain name license. This must be supported and signed on an organization letterhead.

SIGNATURE : _____

NAME : _____

POSITION : _____

ORGANISATION : _____

TELEPHONE NUMBER : _____

EMAIL ADDRESS : _____

Witnessed By :

SIGNATURE : _____

NAME : _____

POSITION : _____

ORGANISATION : _____

TELEPHONE NUMBER : _____

EMAIL ADDRESS : _____