

Change of Provider

Please send this formular to your previous Provider and to us by Post/Fax or E-Mail-attachment.

Personal Data of the current Domain Holder / Admin-C

Company

First Name

Last Name

Street, No.

ZIP, City

Phone / Fax

E-Mail

Details of your current Provider

Company

Street, No.

ZIP, City

Phone / Fax

E-Mail

Customer ID of current Provider

Domain(s)

(You can list several Domains here or attach a signed Domain list)

Dear Sir or Madam,

I hereby approve to be owner of the Domain(s) and to terminate the Domain(s) mentioned above without notice.

I hereby authorize my new Provider DM Solutions and his proper NIC- member to take over and maintain the Domain(s) mentioned above by KK Claim. I explicitly confirm the assignment of the domains mentioned above.

Please confirm the coming KK claim as soon as possible respectively forward this letter of approval to your proper NIC member and allocate to approve the Domain(s) mentioned above by ACK.

Please find attached a copy of my pass as identification.

Kind Regards

City, Date, Name (capital letters)

Sign (and punch if available)

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