

– **Registrar Transfer Request Form**

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

1. Current Registrar Name:
 2. Domain Name(s):
 3. Domain Name Owner and Billing Contact Information:
 - 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):
 - 3l. Fax Telephone (Incl. country code):
 4. Technical Contact Information:
 - 4a. Name: Registry
 - 4b. Email: registry@citynetwork.se
 - 4c. Organization: City Network Hosting AB
 - 4d. Address: Borgmästaregatan 18
 - 4e. City: Karlskrona
 - 4f. State/Province: Blekinge
 - 4g. Post/Zip Code: 371 34
 - 4h. Country Code (2 letter): se
 - 4i. Voice Telephone (Incl. country code): +46 455 69 00 01
 - 4j. Fax Telephone (Incl. country code): +46 455 163 80
- Name Server Information:
Name Server 1 Name: ns1.citynetwork.se
IP #: 91.123.193.2
Name Server 2 Name: ns2.citynetwork.se
IP #: 91.123.193.3

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>

Rev. 07.09.02

i. Registrant Authorized Signature For Registrar Transfer Request

1. In signing this application, I CERTIFY & WARRANT that: I _____
(*Domain holder of record or legal representative*) authorize this Registrar to
Registrar transfer of the domain name _____ from _____
(*Current Registrar*) to City Network Hosting AB (*New Registrar*).

2. I agree that the change of .NU Domain Certified Registrar Includes an additional
one-year extension of domain name registration, set from the date of current
expiration, and per the terms and conditions of your Registration Agreement to be
found at <http://www.nunames.nu/about/terms.cfm>

Signed:

ii. Print Full Name:

Position/Title:

Date:DayMonth Year

Complete and FAX the Registrant Authorized Signature form (above) to .NU
Domain:
+1-508-242-9711 or +1-508-242-9712

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