



DOMAIN REGISTRATION SERVICES

DOMAIN NAME REGISTRAR (AUSTRALIA)

DOMAIN NAME PASSWORD RECOVERY FORM

1. Please use this form ONLY if the current listed email address for your domain name is INVALID. You can find out your registrant contact email address by performing a Whois search here:
http://whois-generic.ausregistry.net.au/whois/blank_whois_local.jsp
2. If your email address is valid, please use the online retrieval tool at:
<https://www.domainregistration.com.au/domains/manage/retrievepassword.php>

Please Note: If you are NOT the current Registrant Contact for this Domain Name as shown in the registry: http://whois-generic.ausregistry.net.au/whois/blank_whois_local.jsp and wish to have the Domain Name Password sent to you, you must hold the position of Owner of the organisation/Licence Holder or its Chief Executive Officer, Chief Operating Officer, Managing Director or General Manager. No other positions will be accepted.

DOMAIN NAME: _____

I _____ hereby request and authorise Domain Name Registrar (Australia) Pty Limited, also trading as Domain Registration Services to change the authorised Registrant contact e-mail address for the above domain name to the following email

address: _____ and re-issue the domain name password.

I warrant that I am authorised to make the above request as/or on behalf of the licence holder. I agree that Domain Name Registrar (Australia) Pty Limited is not responsible for any demand which may be made against me or Domain Name Registrar (Australia) Pty Limited by any party as a result of the change of domain name Registrant contact email address or the issue of the domain name password pursuant to this form and I agree to hold harmless and release Domain Name Registrar (Australia) Pty Limited from and against any claims.

PLEASE WRITE IN BLOCK LETTERS. IF WE CANNOT READ AND VERIFY YOUR REQUEST IT WILL NOT BE PROCESSED.

Name of organization: _____

Your Name: _____

Position: _____ Your daytime telephone contact number: _____

Your email address: _____

Signature: _____ DATE _____

Witness Signature _____ DATE _____

Witness Name: _____ Witness Address: _____

The following supporting documentation must be attached:

1. A photocopy of the signatory's **drivers' licence**.
2. A signed request on the **letterhead** of the Licence Holder requesting that the Registrant Contact email address be updated and the domain name password re-issued as set out in this form.
3. Copy of the **certificate of business/company registration** or ABN notice as issued by the tax office of the registrant organisation.

NOTE: THIS FORM WILL NOT BE PROCESSED UNLESS ALL DOCUMENTATION IS RECEIVED AS OUTLINED ABOVE.

WHEN COMPLETED, PLEASE EMAIL/FAX THIS FORM TOGETHER WITH THE SUPPORTING DOCUMENTATION TO DOMAIN NAME REGISTRAR (AUSTRALIA) PTY LTD support@domainregistration.com.au/FAX 03 8676 1921

Once you receive your domain name password you may update your registrant contact details via the following page of our website:
<https://www.domainregistration.com.au/domains/manage/>

Domain Name Registrar (Australia) Pty Ltd trading as Domain Registration Services ABN 97 117 578 613 Postal Address PO Box 6219 Alexandria NSW 2015, Facsimile 03 8676 1921, Telephone 1300 660 603, Email: support@domainregistration.com.au, Website <http://www.domainregistration.com.au>