FTS CONSULTING

Domain Name Registration Application Form

Application for Domain Name:

Applicant / Registrant (Domain Owner)	
Name:	Title:
Organization:	Email:
Address: Street:	Tel:
Address: City:	Fax:
Address: Country:	Mobile:

Administrative Contact	
Name:	Title:
Organization:	Email:
Address: Street:	Tel:
Address: City:	Fax:
Address: Country:	Mobile:

Billing Contact	
Name:	Title:
Organization:	Email:
Address: Street:	Tel:
Address: City:	Fax:
Address: Country:	Mobile:

Technical Contact	
Name:	Title:
Organization:	Email:
Address: Street:	Tel:
Address: City:	Fax:
Address: Country:	Mobile:

Domain Name Servers (Fully Qualified Host Name)	
Primary Name Server:	IP Address:
Secondary Name Server:	IP Address:
Third Secondary Servers:	IP Address:

By signing this registration form, I admit that I have read, understood and agreed to be bound by Registration Policies and Procedures for Registering domains under the .ps ccTLD document and the terms and conditions set in that document and PNINA By-laws which can be found at PNINA website (www.pnina.ps). I confirm that all the information entered into this form is correct and I undertake to advice PNINA about any change.

Applicant

Name	Authorized Signature/Stamp	Date

Comments: