APPLICATION FORM
(Please write in BLOCK CAPITALS)

We hereby indicate our interest in requesting the indicated sub-domain and the follow completely discreet.

0.   **N**ew/ **A**lter/ **R**emove :

1.Name of sub-domain:

2. Full institution Name:

3: Administrative Responsible

Name:

Address:

Phone:

Fax:

E-mail:

4. Technical Responsible:
Name:

Address:

Phone:

Fax:

E-mail:

UniNet -Angola
Av. 21 de Janeiro
C.P.: 1756
LUANDA - ANGOLA

5. New Sub-Domain Primary Server

IP Address:

Full Name:

6. Fees Payments
Contact Name

Name of the Institution

Contribute Number:

We declare that we are:

- A public institution with administrative autonomy.
- We promise to obey the rules of the registration of **.Ao(Angola)** sub-domains mentioned on the document of the registration of the D.N.S. sub-domains in Angola witch is registered in CNTA according to the document No. 01/UNINet/FE/97 and take all the responsibility concerned with this document.

- We take the responsibility for the choice of the sub-domain name that we requested for the registration.

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(The Signature of the Representative of the
institution and the respective stamp mark)

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