

Date: _ _ / _ _ / 200 _

To the “.tr” DOMAIN NAME ADMINISTRATION;

I accept and verify that the application for the registration of **the domain name**, whose information is supplied below, has been made by **the applicant** through <http://www.nic.tr>, with **the ticket number** given below. I also understand and accept that the administrative contact person of a domain name is fully authorized to make changes in the domain name and to conduct a deletion operation.

Name/Surname: _ _

Signature: _____

Organization Stamp:

Domain Name*	-
Ticket Number	
Administrative Contact Person*	
Payment Contact Person*	Ati6-metu
Technical Contact Person*	
E-mail*	-
Telephone*	-
Address*	- - - -

Note: Fields marked with (*) are mandatory to fill in.