

Declaration by Current Registrant of Domain Name (Transferor)

I/We _____

Declare and warrant to the Registrar (AussieHQ Pty Ltd) and to .au Domain Administration Ltd that:

- ◆ I am authorised to submit this form for or on behalf of the current registrant of the domain name; and
- ◆ The current registrant of the domain name is entitled to transfer the domain name licence to the proposed new registrant; and
- ◆ All information contained in this transfer form is true, complete and correct, and not misleading.

The current registrant hereby transfers the domain name licence to the proposed new registrant, subject to the terms and conditions on which the current registrant held the domain name licence at the time of transfer.

Signature (Existing Registrant)

Date

Name Printed (Existing Registrant)

Billing Details (If moving domains to a new billing account)

First Name: _____

Last Name: _____

Organisation: _____

Address Line 1: _____

Address Line 2: _____

Suburb: _____

State: _____

Postcode: _____

Country: _____

Email: _____

Phone: + ____ . _____

Eg. +61.261639350

Fax: + ____ . _____

Eg. +61.261639350

New Registrant Domain details (Transferee):

Please print the following details in block letters as to avoid miss-interoperation.

Registrant Details:

Entity Name: _____

Entity Type (Please circle which is most correct):

[ABN] / [ACN] / [RBN] / [Trademark] / [None (applicable only for .id.au domains)] / [Other]

Entity ID (ABN/ACN/RBN/etc): _____

Eligibility Type:

ABN: (for entity type ABN ONLY)

Company

Registered Business

Partnership

Sole Trader

Incorporated Association

Commercial Statutory Body

BRN Details (for entity type BRN ONLY)

State: [VIC] / [NSW] / [SA] / [NT] / [WA] / [TAS] / [ACT] / [QLD]

Trademark (for entity type Trademark ONLY)

Trademark Owner

Pending Trademark Owner

Other (for entity type "Other" ONLY)

Club

Non-Profit Organisation

Charity

Other

Contact Details:

Registrant Contact Details (Please leave blank if same as billing details):

First Name: _____

Last Name: _____

Organisation: _____

Address Line 1: _____

Address Line 2: _____

Suburb: _____

State: _____

Postcode: _____

Country: _____

Email: _____

Phone: + ____ . _____

Eg. +61.261639350

Fax: + ____ . _____

Eg. +61.261639350

Technical Contact Details (if the same please leave blank):

First Name: _____

Last Name: _____

Organisation: _____

Address Line 1: _____

Address Line 2: _____

Suburb: _____

State: _____

Postcode: _____

Country: _____

Email: _____

Phone: + ____ . _____

Eg. +61.261639350

Fax: + ____ . _____

Eg. +61.261639350