



1. INSTRUCTIONS - AUTHORISATION TO CANCEL A .NZ DOMAIN NAME

Please complete all sections as described. To verify details for the current Registrant of this domain name, please use the "search" function on the Domainz web site – www.domainz.net.nz. If you do not know the UDAI (Password) for this domain name, you can request one from our homepage using the Nameholder ID, or you can call one of our Customer Service Agents on 0800 Domainz (366 2469)

2. WARRANTY AND AUTHORISATION

I / we _____
(insert name of registrant)

The Licence Holder for the Domain Name WWW._____.nz
(insert the domain name to be cancelled)

with the following UDAI _____
(insert UDAI)

hereby request and authorise Domainz to cancel the above Domain Name(s).

I warrant that I am duly authorised to request this cancellation being (tick one of the following):

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Director | <input type="checkbox"/> Authorised Officer | <input type="checkbox"/> The Admin Contact (Current Domain Record) |
|-----------------------------------|---|--|

By agreeing to and signing this form, you warrant that you are authorised to cancel this domain name. Please note that applicants who submit unauthorized requests may be held liable for direct or indirect damages suffered by the Registrant or Domainz as a result of your action.

You understand and agree that Domainz will cancel this domain name which will have the effect of making any email or websites connected to this domain name cease to function; and enabling other parties to submit an application to the registry for this domain name when released from the 90 day holding pool.

3. SIGNATURE : AUTHORISED OFFICER

This form may only be signed by an 'Authorised Officer' of the Registrant : Chief Executive Officer (CEO), Chief Operating Officer (COO), Financial Controller, Chief Financial Officer (CFO), Managing Director, Company Secretary, General Manager, Company Director, Admin Contact or other authorised signatory.

Today's Date	
Company	
Full Name	
Position	
Signature	
Telephone	
Email	

PLEASE FAX THE COMPLETED FORM TO DOMAINZ : + 64 4 473 4569

