



Enrollment form to become an accredited .lu Registrar

Request number: R _____

Date of request:

Become an accredited registrar for the marketing of .lu domain names

| | | |
|-------------------------------|---|--|
| Request to be sent to: | Fondation Restena - Service .lu 2, avenue de l'Université L-4365 Esch-sur-Alzette | Phone: +352 42 44 091 Fax: +352 42 24 73 Email: registrar@dns.lu |
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Details of the applicant (contact person)

| | |
|-----------------------------|---------------|
| Name*: | _____ |
| Surname*: | _____ |
| Name organisation/company : | _____ |
| VAT Identification number: | _____ |
| Address*: | _____ |
| PO Box: | _____ |
| ZIP* / City*: | _____ / _____ |
| Country*: | _____ |
| Phone*: | _____ |
| Fax: | _____ |
| E-mail address: | _____ |
| URL web site: | _____ |

Note: Fields marked "*" are mandatory

Declaration

In case of an organisation/company, the undersigned person declares that he has the legitimate power to represent the above mentioned organisation/company.

| | |
|-------------------------------------|---|
| Name, Surname: _____ | Function: _____ |
| Signature: | |
| Place of signature: _____ | Date: ____/____/20____ |
| Stamp (organisation/company) | <div style="border: 1px solid black; width: 100%; height: 100%;"></div> |