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, place de l'Université L-4365 Esch-sur-Alzette	Phone: +352 42 44 091 Fax: +352 42 24 73 Email: registrar@dns.lu

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 mentionned organisation/company.

Name, Surname: _____ **Function:** _____

Signature:

Place of signature: _____ **Date:** ____/____/20____

Stamp (organisation/company)