APPLICATION FOR AUTHORISATION		
Subscriber's representative:		
Domain owner's full name:		
Address:		
VAT Number**:		REGON**:
Personal ID No.*:		
I, hereby signed as the subscriber of the domain:		
Kindly request the operator of my domain to issue the authinfo and with full responsibility shall take over management of the a/m domain, which shall not only included the following activities: change of domain subscriber, cancelling the domain, changing domain delegation. After signing this here document and issuing of domain codes I shall not burden with responsibility operator of my domain for issues associated with domain operation/functioning arising from the change authorised due to authinfo use. operator of my domain shall immediately transfer authinfo within the next 7 subsequent days from the date of delivering this document. I represent that I will not transfer domain name to other Registrar before satisfying all regulations of promotion which is applicable to this domain.		
Stamp		Sign
Stamp		Sigil

Place:

Date:

Required documents:

- for individual persons: copy of ID card
- companies and organizations: copy of company registration documents (KRS, Partnership Agreement), copy of VAT Number Assignment, copy of REGON

^{*} Personal ID No. numbers must be given in the case of physical person.

^{**} NIP and REGON numbers must be given in the case of legal persons.