

THIRD PARTY REQUISITION FORM

Note:

- i. For organization, please print this form with your company's letterhead & affix company stamp.
- ii. For individual, please provide a copy of your NRIC.
- iii. Kindly submit the completed form to customercare@mynic.my.

To: Customer Care, MYNIC Berhad

Requestor Information

Type of Requestor <i>(please tick one only)</i> :	
<input type="checkbox"/> Registrant	<input type="checkbox"/> State / Federal Government / Law Enforcement <input type="checkbox"/> Others:
Name :	
Designation :	
NRIC No. :	
Company / Organization Name :	
Company No. (ROB / ROC) :	
Phone No. (Office & Mobile) :	
Email Address :	

I request access to, the information contained in the MYNIC Berhad database in relation to:

No.	Type of Information	Please tick
1.	Domain Name	<input type="checkbox"/>
2.	Registration Date	<input type="checkbox"/>
3.	Expiry Date	<input type="checkbox"/>
4.	Registrant	<input type="checkbox"/>
5.	Contact Persons Information (Administrative Contact, Billing Contact, Technical Contact)	<input type="checkbox"/>
6.	DNS Information	<input type="checkbox"/>
7.	Invoicing Party	<input type="checkbox"/>
8.	Others <i>(please specify)</i>	<input type="checkbox"/>

I certify that:

- 1. I am authorized by the CEO / Director of <company name> to make this request *(not applicable for individual)*;
- 2. The information requested is for <specify purpose for requesting information>;
- 3. Information provided pursuant to this request shall only be used or disclosed for the same purpose as stated for this request at clause 2; and
- 4. The information will be protected against loss, unauthorized access, use, modification, disclosure or any other misuse.

I undertake:

- 5. To indemnify and hold harmless MYNIC Berhad from and against all claims, proceedings, demands, losses, causes of action, expenses, suits, damages and costs, whether third party or otherwise, as may arise consequent to this request and any further action taken by MYNIC Berhad pursuant to the same

Signed by Requestor *(For organization, must be signed by Manager level and above)*:

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 Name:
 Designation:
 Date:
 Company Stamp: