



STATE OF ERITREA
 MINISTRY OF TRANSPORT AND COMMUNICATIONS
 COMMUNICATIONS DEPARTMENT

DOMAIN NAME REGISTRATION APPLICATION FORM

Applicant shall submit this form completed, in person, fax or e-mail to the address below:

Ministry of Transport and Communications
Communications Department
Registration Division
 P. O. Box 4918
 Asmara, Eritrea
 Tel.: 291 1 189193/ 181265
 Fax: 291 1 185019

1. Name of Applicant (Individual/ Organization) _____

2. Type: .GOV .COM
 .EDU .NET
 .MIL .IND.
 .ORG

3. Authorizing body for the above application if any:

Name: _____
 Address: _____

4. Domain Requested

Name: _____
 Password: _____
 Other: _____

5. Administrative Contact:

Individual/Role: _____
 Name (Last, First): _____
 Organization Name: _____
 Street: _____
 City: _____

Country: _____
 Postal Code: _____
 Phone Number: _____
 Fax Number: _____
 E-mail: _____
 Private/Public: _____

6. Technical Contact:

Individual/Role: _____
 Name (Last, First): _____
 Organization Name: _____
 Street: _____
 City: _____
 Country: _____
 Postal Code: _____
 Phone Number: _____
 Fax Number: _____
 E-mail: _____
 Private/Public: _____

7. Billing Contact

Individual/Role: _____
Name (Last, First): _____
Organization's Name: _____
Street: _____
City: _____
Country: _____
Postal Code: _____
Phone Number: _____
Fax Number: _____
E-mail: _____

8. Information requested from ISPs and Permit Holders

a. Primary Name Server
Primary Server Host Name: _____
Primary Server Net Address: _____

b. Secondary Name Server:
Secondary name Server: _____
Secondary Server Net Address: _____

N. B.

- After proper authorization is received, the user shall effect payment, payable in cash or check made to the Registration Division.
- Registration charge is Nakfa 200.00 and annual fee is Nakfa 800.00.

Applicant's Signature

Date

For official use only

Customer ID No. _____

1. Domain processed
2. Domain Accepted Domain Rejected
3. Payment Accepted If rejected give reason: _____

Starting Date: _____ Ending Date: _____

**Domain Name Administration Head
Signature**

Copy of this registration form shall be sent to the System Administrator when completed.