

Transfer Form for .UK Domains

To: _____ From: _____

Fax: _____ Date: _____

ATTN: _____ Pages: 1

Re: _____ CC: _____

Please enter the domain(s) that you would like to change below:

1		4	
2		5	
3		6	

Please specify the change(s) you are making to your domain(s):

	IPS Tag (.uk Domains Only)	Registrant Contact	Billing Contact
	DNS	Admin Contact	Tech Contact

Please enter the gaining IPS tag: e.g. SKYMARKET

Please enter the gaining ISP DNS records: e.g ns1.dnsmaster.net & ns2.dnsmaster.net

Primary DNS:	
Secondary DNS:	
Tertiary DNS:	

Please enter required alterations to contact details if required:

REGISTRANT	ADMIN	BILLING	TECHNICAL

I confirm that I am authorised to make this request on behalf of the company/ individual below;

Signature:

Company (If applicable):

Reason for transfer:



TEL: 0870 474 8888
FAX: 0870 474 8899

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SALES@SKYMARKET.CO.UK