



# Application Form For Domain Forwarding

Date: \_\_\_\_\_

## Contact Information

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Email ID: \_\_\_\_\_

Contact No: \_\_\_\_\_

Domain Registered: \_\_\_\_\_

## Forward:

1. Name server

a) NS1(hostname): \_\_\_\_\_ b) IP Address: \_\_\_\_\_

c) NS2(hostname): \_\_\_\_\_ d) IP address: \_\_\_\_\_

2. Web server(www)

IP Address: \_\_\_\_\_

3. Mail

a) Hostname: \_\_\_\_\_ b) IP Address: \_\_\_\_\_

\_\_\_\_\_  
*Customer Signature*

\_\_\_\_\_  
*Date*

## *To be filled in by DrukNet staff*

Installation Date: Installed By: \_\_\_\_\_ Work Order: \_\_\_\_\_

Activation Date: \_\_\_\_\_ Account Created by \_\_\_\_\_

Money receipt # \_\_\_\_\_

Billing set up by \_\_\_\_\_ Date \_\_\_\_\_