

*(To be printed on company letterhead)*

**CONSENT REQUEST  
LOCAL PRESENCE SUPPLEMENT (.DE)**

The undersigned holder of the user right to the following domain names:

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consents to that a formal administrative contact is appointed by the registrar for the registration of the above domain names ("formal administrative contact").

The undersigned shall accordingly appoint a contact for each domain name as the rightful entity to receive any formal, legal and procedural notification and act accordingly and duly thereupon. The contact is identified as:

Name: —

E-mail: —

Title: —

Phone: —

Fax: —

Signature: \_\_\_\_\_

The undersigned agrees to be fully and directly liable for any acts, omissions or any relations in any form associated with the domain names. The undersigned therefore agrees to indemnify all other parties for all and any costs and liabilities purely based on the formal representation.

The undersigned agrees that the domain names may be deleted in case that the undersigned fails to fulfill any registration and renewal payments as well as other considerable duties under the Registry policies.

In the event that this agreement is terminated, the undersigned has the right to appoint a formal administrative contact to the respective domain name within the termination period, thus suggesting a formal administrative

contact change that meets the requirements for **.DE** domain name registrations. Further, the undersigned understands that the respective domain name may be deleted or suspended at any time should the appointment of a new administrative contact fail under these procedures.

The undersigned agrees to that the above domain name and/or domain names may be deleted as well as web site content may be cleared in the event of the domain name and/or domain names' breach of third party rights, public policy rules, Registry regulations or any other authoritative regulation. Such breach may be emerged in court orders, authority decisions, Registry regulations, Registrar policies and the likes.

As signed:

Place:

Date:

Company Name:

Name:                    —

E-mail:                   —

Signature: \_\_\_\_\_