

REQUEST FOR A DOMAIN NAME DELEGATION REMOVAL

	Date:
Full name of the do	omain name registrant :
Address:	
NIP/ REGON *:	
Representative **:	
Representative's e-	-mail address:
Contact phone :	
confirms his resig	nation from*** maintenance of the following domain name
	www
	representative's legible signature

^{**} fill only if the applying party runs a bussiness in Poland
** when the domain name's resignation is made by civil person please do not fill this field
*** in case of filling this field with the date prior to the date of receiving this form at NASK's we will assume for the date of resignation date of receiving this form at NASK's