

Billing contact change request

for the change of billing contact of domain names

I, _____ (domain owner) hereby request the transfer of the following domain names to the _____ billing (user) account. I accept the Terms of Conditions, located at <https://www.microware.hu/aszf.pdf>¹.

Domain owner:Name²:

VAT / ID card number:

Address:

Place, date: _____,

Domain owner
(if company, matching the registration documents)

If one of the parties is not a company, owner details have to be verified by 2 witnesses. Hereby we certify, that the owner details are correct:

Witness 1:

Name (readable):

Address:

Postal code, locality:

Street address:

Country:

Signature: _____

Witness 2:

Name (readable):

Postal code, locality:

Street address:

Country:

Signature: _____

1) Fees and payments are regulated in the Terms of Service found on <https://www.microware.hu/aszf.pdf>

2) If the owner is a company, the registered company name must be stated and the registration documents must be attached.