

**Schedule A****Declaration by Current Registrant of Domain Name (Transferor)**

Domain Name(s) To Be Transferred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration**

I, \_\_\_\_\_ of \_\_\_\_\_

Residing at \_\_\_\_\_

declare and warrant to the Registrar, Information Brokers Pty. Ltd. that:

- I am authorised to submit this form for or on behalf of the current registrant of the domain name; and
- the current registrant of the domain name is entitled to transfer the domain name licence to the proposed new registrant; and
- all information contained in this transfer form are true, complete and correct, and not misleading.

The current registrant hereby transfers the domain name licence to the proposed new registrant, subject to the terms and conditions on which the current registrant held the domain name licence at the time of transfer.

**Proposed New Registrant**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Current Registrant (Transferor)**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Schedule B****Declaration by Proposed New Registrant of Domain Name (Transferee)**

Domain Name(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I / We declare and warrant to the Registrar that:

- I am authorised to submit this form for or on behalf of the proposed new registrant of the domain name; and
- all information contained in this transfer form are true, complete and correct, and not misleading.

The proposed new registrant hereby accepts the transfer of the domain name licence, subject to the terms and conditions on which the current registrant held the domain name licence at the time of transfer.

**I Warrant That I Am (Please Tick)**

The Owner ☐ An Authorised Employee ☐ An Authorised Agent ☐ A Director ☐

New Registrant \_\_\_\_\_

Organisation \_\_\_\_\_

Trade Mark Number / ABN / ACN \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry \_\_\_\_ / \_\_\_\_

Security \_\_\_\_\_ (3 Digits On The Back / 4 Digits On The Front For AMEX)

Card Name \_\_\_\_\_ Amount \$ \_\_\_\_\_ . \_\_\_\_

Signature \_\_\_\_\_

**Technical Contact (Optional)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_