**.TR Domain Name Registration Form**

To the “.tr” Domain Name Administration - TRABIS;

We request that the ……………………………………. domain name be allocated on behalf of our Institution/Mayorship/University via adh71-metu (Atak Domain). I accept and approve that the Authority specified below can make any changes and waivers of the domain name - unless we notify that there is a change in the authority.

Organizations Name:  
Name-Surname of the Signatory:

Signature:

Stamp for Organizations:

|  |  |
| --- | --- |
| Domain Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . \_\_\_\_\_\_\_ .tr |

Domain Name Owner

|  |  |
| --- | --- |
| E-mail |  |
| Phone |  |
| Address |  |

!!! All fields are mandatory to fill in.