



Safe & Secure. That's The Cheaper **Guarantee.**

Domain Names | Website & Email Hosting | Web Builder | SSL

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, Cheaper Domains 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 ____ / ____ / ____

Cheaper Domains is an auDA Accredited Registrar

Mail: PO Box 1228, Huntingdale, VIC, 3166 | Phone: 03 9815 6850 | Fax: 03 9815 6800
Email: support@cheaperdomains.com.au | ACN: 093 554 075 | L1, 2 Warner St, Huntingdale, VIC, 3166

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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 _____

ABN / ACN / Trade Mark Number _____

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 _____

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