

WHOIS Disclosure request Form

REQUEST TO BE SENT TO DNS-LU

Fondation RESTENA DNS-LU
2, avenue de l'Université L-4365 Esch-sur-Alzette
Phone: +352 42 44 091 Fax: +352 42 24 73
e-mail: privacy@dns.lu

Please use this form in the following cases:

- * require personal data of domain name holder (name, address);
- * require personal data of administrative contact and/or technical contact (name, address, e-mail).

**Request concerns
following domain name:**

Explain hereafter for what purposes you require additional data of domain name holder and / or administrative contact / technical contact. Please attach all relevant supporting documentation.

This request is filed by following entity / person:

Organization / Name:

Street & number:

PO Box:

City:

ZIP:

Country:

E-Mail:

By filing present request, the undersigned declares:

- that the information contained in this request is complete and accurate, and that present disclosure request is not submitted abusively;
- not to use the requested personal data for any other purposes than those specified in this request form (and/or its enclosed additional documents).

and accepts that:

- in the event of a claim, the undersigned is definitively responsible for any damages and/or court costs resulting from the processing of present request. The undersigned indemnifies DNS-LU and holds the latter harmless in this regard;
- DNS-LU reserves the right to refuse the processing of the request if it can not identify the requestor with certainty.

Name:

Signature: _____

Place of signature:

Date: