

## Government of the People's Republic of Bangladesh Bangladesh Telegraph and Telephone Board



## Registration Form for Domain Name under • od

Please read the following note before filling out this form.

Note: All Domain Name Registration Fees must be paid in advance. By completing this registration form and submitting it to us, you are agreeing to be bound by the terms and conditions set forth in the Registration Agreement and the Domain Name Dispute Policy.

To make your registration process easy, please follow the steps below:

• Review the Domain Name Registration Agreement and Domain Name Dispute Policy.

<b>Desired Domain Name</b>	<u>]</u> : [					
	REGI	TRANT INF	ORMAT	ION		
Registrant Name	:					
Address	:					
City	:					
State/Province (if applicable)	:					
Postal/Zip Code	:					
Country Code	:					
Phone	:					
Fax	:					
Email Address	:					
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Email Address  [A] Administrative Conta	CON	TACT INFO	)RMATI(	ON_		
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[A] Administrative Conta	CON act	TACT INFO	PRMATIO	DN_		
[A] Administrative Conta .bd Handle (Registration Office) Full Name Title/Occupation Organisation (if applicable)	CON act	TACT INFO	PRMATIO	DN_		
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[A] Administrative Conta .bd Handle (Registration Office) Full Name Title/Occupation Organisation (if applicable) Address	act	TACT INFO	PRMATIO	ON_		
[A] Administrative Conta .bd Handle (Registration Office) Full Name Title/Occupation Organisation (if applicable) Address City	act	TACT INFO	PRMATIO	DN_		
[A] Administrative Conta .bd Handle (Registration Office) Full Name Title/Occupation Organisation (if applicable) Address City State/Province (if applicable)	act	TACT INFO	PRMATIO	ON_		
[A] Administrative Conta .bd Handle (Registration Office) Full Name Title/Occupation Organisation (if applicable) Address City State/Province (if applicable) Postal/Zip Code	act	TACT INFO	PRMATIO	DN_		

## [B] Technical Contact

If this information is the same as the Administrative Contact information, you may keep it blank. Otherwise, please complete this section with the appropriate information.

Full Name			:								_	
Title/Occupation			:									
Organisation (if appli	cabl	e)	:									
Address			:									
City			:									
State/Province (if app	lica	ole)										
Postal/Zip Code			:									
Country Code			:									
Phone and Fax			:									
Email Address			:									
Signature	:									Date	:	
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contact them for the ap information and want on [a] Primary Domain Host Name	prop ly re	riate Ho servation	ostna n of i	am the	s and I	Netwo	rk add	resses.	If	you do n	ot k	now your name serve
contact them for the application and want on [a] Primary Domain	prop lly re n N	oriate Hosservation	erve	er	s and 1 domain	Netwo	rk add	resses.	If	you do n	ot k	now your name serve
contact them for the ap information and want on [a] Primary Domain Host Name Network Address	prop lly re n N	oriate Hosservation	erve	er	s and 1 domain	Netwo	rk add	resses.	. If	you do n	ot k	now your name serve
contact them for the apinformation and want on [a] Primary Domain Host Name Network Address  [b] Secondary Domain	prop lly re n N	oriate Hosservation	erve	er	s and 1 domain	Netwo	rk add	resses.	. If	you do n	ot k	now your name serve
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