



Add Value International Inc.
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http://www.addvalue.com
moreinfo@addvalue.com

Domain Name Registration Form

Organization Information: *Required fields.

***Registrant Name:** _____
If it's not a company, please enter the first and last name of the individual.

***Organization Type:** Select one only.

- | | |
|--|---|
| <input type="checkbox"/> Corporation (Canada or Canadian Province or Territory) | <input type="checkbox"/> Canadian Political Party |
| <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Canadian Library, Archive Or Museum |
| <input type="checkbox"/> Resident of Canada | <input type="checkbox"/> Trust Established in Canada |
| <input type="checkbox"/> Government or Government Entity in Canada | <input type="checkbox"/> Aboriginal Peoples (individuals) Indigenous to Canada |
| <input type="checkbox"/> Canadian Educational Institute | <input type="checkbox"/> Aboriginal Peoples (groups) Indigenous to Canada |
| <input type="checkbox"/> Canadian Unincorporated Association | <input type="checkbox"/> Indian Band Recognized by the Indian Act of Canada |
| <input type="checkbox"/> Canadian Hospital | <input type="checkbox"/> Legal Representative of a Canadian Citizen or Permanent Resident |
| <input type="checkbox"/> Partnership Registered in Canada | <input type="checkbox"/> Official Mark Registered in Canada |
| <input type="checkbox"/> Trade-Mark Registered in Canada (by a non-Canadian owner) | <input type="checkbox"/> Her Majesty The Queen |
| <input type="checkbox"/> Canadian Trade Union | |

Description of Registrant (optional): _____

Print desired domain name (s): _____
.ca Domain Name _____ .ca Domain Name _____
.ca Domain Name _____ .ca Domain Name _____
.ca Domain Name _____ .ca Domain Name _____
.ca Domain Name _____ .ca Domain Name _____
.ca Domain Name _____ .ca Domain Name _____

Domain Name Trademark: Yes No
Do You Want To Be A CIRA Member? Yes No
CIRA is the non-profit organization that runs the .CA registration. Membership gives you the right to vote in elections and referendums.

Number Of Years The Domain To Be Registered: 1 2 3 4 5 6 7 8 9 10
(\$49.95) (\$89.95) (\$129.95) (\$169.95) (\$199.95) (\$229.95) (\$259.95) (\$289.95) (\$319.95) (\$349.95)

Domain Name Server Information:
 Use Add Value International server information Other - If other, please fill out the following:
Primary Server Name: _____ Secondary Server Name: _____
Primary IP Numbers: _____ Secondary IP Numbers: _____

Domain Owner (Administrative Contact) Information

Prefix: Mr. Mrs. Ms. Dr.
***First Name:** _____ ***Last Name:** _____
Nationality: Canadian Foreign Citizenship Canadian Resident
***Company Name:** _____
If it's not a company, please enter the name and the last name of the individual.
Job Title: _____
***Preferred language:** English French
***Telephone:** _____ ***Fax:** _____
Other Phone: _____
***E-mail:** _____ Secondary Email: _____

***Mailing Address** _____

Additional Information: _____ (i.e., Acme Tower, MIS Department)
*Building No. _____ *Address: _____
*Suite No. _____ *City: _____ *State/Province: _____
If Outside Canada: _____ *Zip/Postal Code: _____ *Country: _____

Domain Technical Contact Information

*NOTE: Add Value International Inc. Other - If "Other", Please Provide Us Your Contact Info Below.
*Last Name: _____ *First Name: _____
Company: _____ (If different from above, fill out the following.)
Job Title: _____
*Preferred language: English French
Telephone: _____ Mobile: _____ Fax _____
Secondary E-mail: _____ *Primary E-mail: _____
Mailing Address: Same As Administrative contact A Different Address

Technical Contact Mailing Address

Additional Information: _____ (i.e., Acme Tower, MIS Department)
Building No. _____ Address: _____
Suite No. _____ City: _____ State/Province: _____
If Outside Canada _____ Zip/Postal Code: _____ Country: _____

Domain Billing Contact Information

*NOTE: Same As Administrative Contact
 Other - If "Other", Please Provide Us Your Contact Info Below:
Prefix: Mr. Mrs. Ms. Dr.
*Last Name: _____ *First Name: _____
Company Name: _____ (If different from above, fill out the following.)

Billing Contact Mailing Address

Additional Delivery information: _____ (i.e., Acme Tower, MIS Department)
Building No. _____ Street Name: _____
Suite Number: _____ City: _____ State/Province: _____
Country: _____
Telephone: _____ Fax number: _____
Email: _____
Preferred Languages: English French
Type of Payment: Visa# _____ MasterCard# _____
Expiry Date: _____ Card Holder's Name: _____
Card Holder's Signature _____
I would like to receive my billing invoice via: E-mail Fax

*****Disclaimer*****

Add Value International Inc. provides this domain name registration service as one of our services provided to the general public. Add Value International Inc. will do it's best to insure uninterrupted service to your domain name. However, Add Value International Inc. shall not be held liable whatsoever for any service interruptions to your domain name. You are completely responsible for submitting any and all information requested on this form accurately. Should your application for domain name registration be rejected by CIRA for any reason, you will be notified directly to the e-mail address you have provided on this application. It is your responsibility to acknowledge and agree with CIRA for the registration of your domain name. You have up to 7 days to confirm with CIRA your registration of your domain name or your domain name request will return back to the pool of names available for others to register. You may be requested to resubmit your application again for domain name registration if the application on this form is incomplete. Registration fees are NON REFUNDABLE.

By signing this agreement, I agree and authorize Add Value International Inc. to charge my credit card provided above for the domain registration submitted by me. I have read the Registrant Agreement and will confirm with CIRA to acknowledge their terms, conditions and policies governing the .CA domain name registration. Thank you for your business and co-operation.

Signature

Date