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### 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.

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

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 its 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