



PROVIDERCHANGE CHPROV

VIA FAX TO: +49 6841 6984-299

1API GmbH

Talstraße 27 66424 Homburg

Telephone: +49 6841 6984-200

E-Mail: info@1api.de

Please send this form also to your current registrar/provider

Domain:

DOMAIN-OWNER / ADMIN C

Company:.....

Firstname, Name:.....

Address:.....

City:.....

Country:.....

Current Provider:.....

TERMINATION

Hereby I confirm to be the owner of the above mentioned domainname. I confirm that my domainname should be terminated at the soonest point in time. I also instruct my new provider 1API GmbH located in 66424 Homburg to manage and transfer my domainname as soon as possible.

.....
Place,Date, Signature Domainowner, Company-Stamp