

.GOV.PH DOMAIN APPLICATION FORM

Please send the accomplished form at dns@asti.dost.gov.ph

For inquiries, you may call us at +63 2 927-3093

COMPLETE NAME OF ORGANIZATION		
COMPLETE ADDRESS OF ORGANIZATION		
TELEPHONE NUMBER		
FAX NUMBER		
REQUESTED .GOV.PH DOMAIN NAME		
PURPOSE OF REQUEST (if your request is an inter-agency initiative or for a project, please include the purpose of the initiative/project. You can use separate paper if the space provided is not enough.)		
NAME SERVER INFORMATION		
	HOSTNAME OF PRIMARY NAME SERVER	IP ADDRESS OF PRIMARY NAME SERVER
	HOSTNAME OF SECONDARY NAME SERVER	IP ADDRESS OF SECONDARY NAME SERVER
	HOSTNAMES OF OTHER NAME SERVERS (if applicable)	IP ADDRESS OF OTHER NAME SERVERS
	1. 2. 3.	1. 2. 3.
AUTHORIZE CONTACT PERSONS		
NAME:	POSITION:	EMAIL ADDRESS:
NAME:	POSITION:	EMAIL ADDRESS:

I hereby certify that the information provided above are true and correct.

 NAME AND SIGNATURE
 HEAD OF THE ORGANIZATION

 DATE

NOTE: Please wait for an email notification from the .gov.ph Domain Administrator regarding your application. The notice will be emailed to the authorized contact persons you indicated in this form.