

ZONE FILE ACCESS REQUEST FORM

Please complete sections 1 through 5 and e-mail completed form to tldzone@verisign-grs.com.

1. General Information - Please complete all requested information

| | |
|--|--|
| Company Name (If Applicable) | |
| Contact Person | |
| Street Address | |
| City | |
| State / Province | |
| Postal Code | |
| Country | |
| Telephone Number (Include Country Code) | |
| E-mail Address | |
| Date Access Request Submitted | |

2. Zone Files Requested - Please check all zone files for which you are requesting access

| | |
|-------------------------------|--------------------------------|
| <input type="checkbox"/> .COM | <input type="checkbox"/> .NAME |
|-------------------------------|--------------------------------|

3. Technical Information - Please provide the specific internal host machine which will be used to access VNDS' server to transfer copies of the data

| | |
|------------|--|
| Name | |
| IP Address | |

4. Intended Use - Please describe how you intend to use the zone file data should access be approved

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5. Legal Information - Please provide information relating to the individual authorized to execute the Zone File Access Agreement

| | |
|-------|--|
| Name | |
| Title | |

6. INTERNAL VERISIGN USE ONLY

| | | | |
|-----------------------------------|-----------------------------------|-------------------------|------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Rejected | Verisign Representative | Date |
|-----------------------------------|-----------------------------------|-------------------------|------|