



**Response form – DRP 002**

**Name of Registrant:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**The Registrant's authorized representative:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Representative's Email:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Domain in dispute:** \_\_\_\_\_







Sign and affirm the response and the information contained in the response is, to the best of Registrant's knowledge, both complete and accurate and that the assertions in the response are grounded under the KeNIC alternate domain dispute resolution policy.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

