

Resolution Institute Domain Name Dispute Complaint Application Form

Complainant Name:	
ABN/ACN:	
Contact Person:	
Address:	
Phone Number:	
Fax Number:	
Email:	
Preferred method of communication (electronic):	
Preferred method of communication (hard copy):	
Representative authorised to act for Complainant in the administrative proceeding (if applicable):	
Contact Person:	
Address:	
Phone Number:	
Fax Number:	
Email:	
Preferred method of communication (electronic):	
Preferred method of communication (hard copy):	

Respondent Name: (domain name holder)	
ABN/ACN:	
Contact Person:	
Address:	
Phone Number:	
Fax Number:	
Email:	
Preferred method of communication (electronic):	
Preferred method of communication (hard copy):	
Representative authorised to act for Respondent in the administrative proceeding (if applicable):	
Contact Person:	
Address:	
Phone Number:	
Fax Number:	
Email:	
Preferred method of communication (electronic):	
Preferred method of communication (hard copy):	

Domain Name in Dispute:	
Registrar:	
Name(s), Trademark(s) or Service Mark(s) on which the complaint is based (Sch B, Para 4 (viii)):	
Complainant seeks a Panel of: (refer to Resolution Institute Supplemental Rule 11 for obligations) Please Tick:	One (1) Panelist
	Three (3) Panelists
Has the copy of this complaint, along with complaint application form been sent to the Respondent? Please Tick:	Yes
	No

Payment Options:

By direct deposit:	Account Name: Resolution Institute BSB: 082-057 Account number: 51-782-4272
By credit card:	via our online store at: https://www.resolution.institute/Web/Shop/Domain_Name_Disputes

The Complainant hereby requests that the complaint be submitted for decision in accordance with the .auDRP Policy, Rules and Resolution Institute Supplemental Rules.

Complainant/Representative Signature:	
Name:	
Date:	

Submission of your application can be made either:

- i. By electronic email to nominations@resolution.institute
- ii. By facsimile to (02) 9251 3733