

DOMAIN / SUBDOMAIN REQUEST FORM

Request Type:

(1) Domain

(2) Subdomain

Proposed Domain Name	
Date	
Requester's Name	
Requester's Email Address (official)	
Requester's Office Location	
Requester's Contact Phone #	
MCDA Name(Ministry, County, Departments Government Agency)	
Business Requirements/Reason	
If domain will be hosted outside GOK infrastructure, please provide domain name servers	
Name Server #1	
Name Server #2	
Name Server #3	

Name:

Signature:.....

Official stamp

Approved:.....

Rejected:..... **Reasons for rejection**.....