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## DOMAIN PASSWORD RECOVERY FORM

*Please accept this as authorisation to re-issue the domain name password for the domain detailed below.*

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

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

Organisation: \_\_\_\_\_

Your Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

I warrant that I am authorised by the license holder to undertake the retrieval process.

I agree not to hold Connect West liable for any claims made as a result of the retrieval process.

I have included a signed cover letter on my organisation letterhead, to validate this request.

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

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

\* Please Note: This form MUST be completed by a principal of your Organisation. Examples of people authorised to make this request include the Managing Director, Chief Executive Officer, Company Secretary, Owner, Chief Operating Officer, General Manager, Company Director, Financial Controller or Chief Financial Officer.

***When complete, please email this form to support@connectwest.net.au***