

SCHEDULE IV

COMPLAINT FORM

This Complaint is submitted in view of a decision of a Third- Party Decider, according to the CEPANI Rules for domain name dispute resolution and the dispute resolution policy of DNS.be, incorporated in its general conditions.

1. Address information of the Complainant

1.1. Complainant

Name:

Address:

Telephone:

Fax:

E-mail (mandatory):

2. Representative authorized to act for the Complainant (optional):

Name:

Function:

Address:

Telephone:

Fax:

E-mail (mandatory):

Attention: Representatives, including Attorneys at law, must have special power of attorney.

2. Address information of the Domain name holder

2.1. Domain name holder

Name:

Person to be contacted:

Function:

Address:

Telephone:

Fax:

E-mail (mandatory):

2.2. Representative authorized to act for the Domain name holder

Name:

Function:

Address:

Telephone:

Fax:

E-mail (mandatory):

3. Domain name(s) that is (are) the subject of the Complaint

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4. The Complainant offers the possibility to the Domain name holder, within 7 calendar days, to voluntarily proceed with the execution of the relief sought:

(make your choice)

Yes

No

5. Grounds on which, in accordance with the policy of DNS.be, the Complaint is made

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6. Specification, in accordance with the policy of DNS.be, of the relief sought

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9. Statement

"The Complainant agrees that its claims and remedies concerning the registration of the domain name, the dispute or the dispute's resolution shall be directed solely against the Domain name holder and expressly waives all such claims against (a) CEPANI and its Directors or Employees and (b) the Third-Party Decider, except in the case of deliberate wrongdoing.

The Complainant certifies that the information contained in this Complaint is to the best of his knowledge complete and accurate."

Date

Name and signature of the Complainant
or Representative