



## Request for disclosure of personal data of a Subscriber of a .pl domain name

*Personal data can be disclosed to the interested entity only at its properly justified request. In order to check if the Subscriber is a natural person, verify the .pl domain name in WHOIS database available at [www.dns.pl](http://www.dns.pl). A completed request shall be delivered in original to NASK's address.*

### 1. APPLICANT'S DETAILS

Name and surname / Name:

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Person(s) representing the Applicant (if applicable):

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Address (street name, city/town, post code, country):

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E-mail address:

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Phone:

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National Court Register number or number in another relevant register, or NIP [tax identification code] (if applicable):

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*If applicable, the request should be accompanied by a document confirming the power to represent the Applicant or an appropriate power of attorney.*

### 2. NAME(S) OF THE DOMAIN NAME(S) REFERRED TO IN THE REQUEST

*Please provide only the domain name(s), e.g. "dns.pl"; do not enter any website address, do not precede the domain name with the prefixes "www", "http://", etc., do not enter any e-mail address.*

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### 3. JUSTIFICATION FOR THE REQUEST AND PURPOSE OF THE DISCLOSURE

*Please provide factual circumstances and legal grounds, which justify the disclosure of personal data of the Subscriber of the .pl domain name, and specify the purpose, for which the disclosed personal data are to be used by the Applicant. If the space below is not enough for your justification for the Request, continue on subsequent, numbered pages, indicating the expanded point. Any content so added to the Request needs to be signed as well.*

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### 4. DISCLAIMER

*The Applicant represents and undertakes that no personal data from among the data disclosed under this Request shall be used for any other purpose than the purpose stated in this Request for personal data disclosure.*

**5. APPENDICES**

*List of attached documents, e.g. powers of attorney, register files, claim documentation etc.*

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**6. DATE AND SIGNATURE**

[Empty box for date]

*Date*

[Empty box for signature]

*Legible signature of the Applicant / Representative(s)*