

## **DECLARATION OF HEIRS**

Must be filled in using **CAPITAL LETTERS** by the Beneficiaries that are transferring the Domain name to the Beneficiary indicated in Form A

Form B						
Mr/Mrs/Miss	born on/					
1	Town/City ()					
ax Identification Number						
f (Full Residential Address)						
lo Town/City (	) Post Code					
	and					
Mr/Mrs/Miss	born on/					
1	Town/City ()					
ax Identification Number						
(Full Residential Address)						
lo Town/City (	) Post Code					
due to the de	ath of the owner of the following Domain name/s:					
WWW	WWW					
WWW	WWW					
www	WWW					
elevant special laws, according to and for the pu	who provide false information shall be punished according to the Italian Penal Code a proses of art. 46 of Presidential Decree no. 445/2000, and consent to the transfer whership of the above Domain name/s to					
elevant special laws, according to and for the pu						



Accentance

## Consent to the processing of personal data

I have read the Privacy Policy provided in accordance with Art. 13 of EU Regulation no. 2016/679 ("GDPR"), available at the site <a href="https://hosting.aruba.it/documents/tc-files/en/7">https://hosting.aruba.it/documents/tc-files/en/7</a> privacypolicyhostingcart.pdf, and agree to the processing of personal data for the purposes indicated therein aimed at fulfilling the contractual obligations correctly. I also hereby declare that I am aware that by not agreeing to such processing, the provisions indicated in said Policy may be applied.

			Telenhor	ne Number	
	losed: copy of the ID of each	Beneficiary (indicated above).			
Sigr	nature of Beneficiary _			_	
Sigr	nature of Beneficiary _			_	
L	Acceptance				

**ATTENTION!!** Aruba reserves the right to request further documents.