

**TRANSFER CREDIT**

*TO BE COMPLETED IN BLOCK CAPITALS by the person referred to in the billing details or the legal representative in the case of legal entity*

Please complete all sections of the form. If any of the requested details are missing, the request may not be approved.

The undersigned \_\_\_\_\_

Tax ID code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

**MUST** be completed if the account holder is a legal entity / self-employed person/ sole proprietorship

In their capacity as:

Legal Representative of \_\_\_\_\_

Receiver, liquidator, insolvency administrator or provide any other office held on behalf of:

\_\_\_\_\_ with VAT Number/Tax ID number \_\_\_\_\_

Self-employed person

with VAT number \_\_\_\_\_

Sole proprietorship \_\_\_\_\_

with VAT number \_\_\_\_\_

1

The credit may only be transferred if the domain or the service has still not been registered and/or activated.

aware of the criminal sanctions in the event of providing false statements, preparing or using falsified documents, as referred to in art. 76 of Presidential Decree 445/2000, and pursuant to and for the purposes of articles 46 and 47 of the same Presidential Decree,

**hereby declares**

that the information provided for the purposes of filling in this form is true and accurate and

**asks**

use the Credit I have with the following:

Domain/service \_\_\_\_\_ order n. \_\_\_\_\_

For this

Domain/service \_\_\_\_\_ order n. \_\_\_\_\_

**Place** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature (stamp)** \_\_\_\_\_

**Attached:**

- copy of both sides of the applicant's ID document.

**If the applicant is the receiver/liquidator/insolvency administrator/other office**

- deed of appointment;
- certificate of incorporation of the legal holder of the service (dated within the last 6 months).

Aruba reserves the right to request further documentation.