

DECLARATION OF HEIRS

Form B

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

I, Mr/Mrs/Miss _____ born on ____/____/____

in _____ Town/City (_____)

Tax Identification Number _____

of (Full Residential Address) _____

N° _____ Town/City (_____) Post Code _____

and

I, Mr/Mrs/Miss _____ born on ____/____/____

in _____ Town/City (_____)

Tax Identification Number _____

of (Full Residential Address) _____

N° _____ Town/City (_____) Post Code _____

due to the decease of the owner of the following Domain name/s:

WWW. _____ WWW. _____

WWW. _____ WWW. _____

WWW. _____ WWW. _____

As beneficiaries, we are aware that individuals who provide false information shall be punished according to the Italian penal code and relevant special laws, according to and for the purposes of art. 46 D.P.R. n. 445/2000, and consent to the transfer

of ownership of the above Domain name/s to

Name Surname _____ born on ____/____/____

in _____ Town/City (_____)

Tax Identification Number _____

The Customer declares to have read the Informative report provided by Aruba S.p.A. according to section 13 of the Italian legislative decree 196 dated June 30th 2003, and provides consent for the processing of personal data for the purposes stated therein. The Customer also understands that by not giving consent for such processing of personal data may result in the application of provisions set out in the abovementioned Informative report.

Acceptance

Signature of Beneficiary _____

Signature of Beneficiary _____

We attach:

- A copy of ID of each Beneficiary (indicated above).

Phone Number _____

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