



MAIL HOSTING FORM

Date:

Contact Information

Name: _____	Domain Registered: _____
Address: _____ _____ _____	Mail Administrator: _____

Mail Hosting: Do you wish to avail the mail hosting services

Yes No

If yes:

Which one?(tick on the tick column) :

Email Boxes	Price (in NU)	Validity	Tick
30 mail boxes of 30MB each	3,100	1 year	
100 mail boxes of 30MB each	7,500	1 year	

1. email id:_____	password:_____
2. email id:_____	password:_____
3. email id:_____	password:_____
4. email id:_____	password:_____
5. email id:_____	password:_____
6. email id:_____	password:_____
7. email id:_____	password:_____
8. email id:_____	password:_____
9. email id:_____	password:_____
10. email id:_____	password:_____



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11. email id: _____ password: _____

12. email id: _____ password: _____

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98. email id: _____ password: _____



MAIL HOSTING FORM

Date:

99. email id: _____ password: _____

100. email id: _____ password: _____

Customer Signature

To be filled in by Druknet Staff

Invoice No: _____ Work Order No: _____.

Date : _____ . Created By _____