Institute of Mathematics and Computer Science,
University of Latvia
Network Solutions Department (NIC.LV)
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_____
Full Name

_____
ID

_____
Address

_____
Telephone

_____
E-mail

Transfer Request

I, _____, starting from ___.___._____, wish to transfer
   (Name, Surname)   (dd.mm.yyyy)
my right to use domain name _____.lv to:

Name Surname: _____

ID: _____

Address: _____

Telephone: _____

E-mail: _____

Application signed in: _____,   _____
                              (Place)   (Signature)

_____._____._____
     (dd.mm.yyyy)