
(Organization)

Registration N°: _____

Legal address: _____

Telephone: _____

E-mail: _____

Institute of Mathematics and Computer Science,
University of Latvia
Network Solutions Department (NIC.LV)
Raina bulv. 29, Riga, LV-1459, Latvia.

_____,
(place)

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

_____,
(number of the document)

Transfer Request

_____ wishes to transfer the right to use the domain
(Organization)

name _____ .lv to:

Organization: _____

Registration N°: _____

Legal address: _____

Telephone: _____

E-mail: _____

Administrative contact:
(full name) _____

starting from _____,
(dd.mm.yyyy)

(Name, surname and position)

(Signature)