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Full name

ID

Address

Telephone

E-mail

TRANSFER REQUEST

I, _____, starting from _____, wish to
(User Name, Surname) (dd.mm.gggg)

transfer my right to use the domain name

_____ .lv to:

User:

(name, surname)

ID:

Address:

Telephone:

E-mail:

Technical contact:

the same as User

Other:

Name, surname: _____

Telephone: _____

E-mail: _____

Place of Signing the Document

(Signature)

(dd.mm.yyyy)