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

Full name _____

ID _____

Address _____

Telephone _____

E-mail _____

TRANSFER REQUEST

I, _____,
(user name, surname)

starting from ___.___._____., wish to transfer my right to use the domain name
(dd.mm.yyyy)

_____.lv to:

USER:

Name, surname: _____

ID: _____

Address: _____

Telephone: _____

E-mail: _____

TECHNICAL CONTACT:

○ The same as USER

◉ Other (please, complete):

Name, surname: _____

Telephone: _____

E-mail: _____

___.___._____. _____
(dd.mm.yyyy) (Signature)