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:

Organization: _____

Registration No.: _____

Legal address: _____

ADMINISTRATIVE CONTACT:

Name, surname: _____

Telephone: _____

E-mail: _____

TECHNICAL CONTACT:

- (•) The same as ADMINISTRATIVE CONTACT
- ( ) Other (please complete):

  Name, surname: _____

  Telephone: _____

  E-mail: _____

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