
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)