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Name, Surname

ID

Adrese

Telefons

E-pasts

TRANSFER REQUEST

I, _____, starting from _____, wish to
(User Name, Surname) (dd.mm.yyyy)
transfer my right to use the domain name
_____ .lv to:

Organization: _____

Reģistrācijas nr.: _____

Juridiskā adrese: _____

Telephone: _____

E-mail: _____

Administrative contact: _____
(Name, Surname)

Technical contact:
the same as Administrative contact

Other:

Name, Surname: _____

Telephone: _____

E-pasts: _____

(Place of Signing the Document)

(Signature)

(dd.mm.yyyy)