
Organization

Registration No

Legal address

Telephone

E-mail

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

_____._____._____._____.
(dd.mm.yyyy)

(number of the document)

TRANSFER REQUEST

_____ starting from _____._____._____.
(Organization) (dd.mm.yyyy)

wishes to transfer its right to use the domain name

_____.lv to:

USER:

Name, surname: _____

ID: _____

Address: _____

Telephone: _____

E-mail: _____

TECHNICAL CONTACT:

The same as USER

Other (please complete):

Name, surname: _____

Telephone: _____

E-mail: _____

(Name, surname and position)

(Signature)