_____
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)