
Organization

Registration No

Legal address

Telephone

E-mail

Institute of Mathematics and Computer Science
Of University of Latvia
Network Solutions Department (NIC.LV)
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_____._____._____.
(dd.mm.yyyy)

(number of the document)

TRANSFER REQUEST

(Organization)

starting from _____._____._____. wishes to transfer its 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: _____

(Name, surname and position)

(Signature)