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

_____
(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

◉ Other (please complete):

Name, surname: _____

Telephone: _____

E-mail: _____

_____ _____
(Name, surname and position) (Signature)