

\_\_\_\_\_  
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 CONTACT

Other (please complete):

Name, surname: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
(Name, surname and position)

\_\_\_\_\_  
(Signature)