
(Organization)

Registration N^o: _____

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.

_____,
(place)

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

_____,
(number of the document)

Cancellation Request

_____ wishes to cancel its right to use the domain
(Organization)

name _____ .lv starting from _____._____._____._____.
(dd.mm.yyyy)

(Name, surname and position)

(Signature)