
(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)

Transfer Request

_____ wishes to transfer the right to use the domain
(Organization)

name _____ .lv to:

Full name: _____

ID: _____

Address: _____

Telephone: _____

E-mail: _____

starting from _____.
(dd.mm.yyyy)

(Full name and position)

(Signature)