
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

_____,
(Place)

(dd.mm.yyyy)

_____,
(Number of the Document)

TRANSFER REQUEST

_____, starting from _____, wishes to
(Organization) (dd.mm.gggg)

transfer its right to use the domain name

_____.lv to:

Organization: _____

Registration No: _____

Legal address: _____

Telephone: _____

E-mail: _____

Administrative contact: _____

(Name, Surname)

Technical contact:

the same as Administrative contact

Other:

Name, Surname: _____

Telephone: _____

E-mail: _____

_____,
(Name, Surname and Position)

(Signature)