
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)

CANCELATION REQUEST

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

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

_____,
(Name, surname and position)

(Signature)