

Holder :	UIN
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REVOCAION OF POWER OF ATTORNEY

The undersigned (hereinafter referred to as Client) hereby revokes power of attorney from:

The Attorney:

Individual

Name
Surname
Nationality

Legal Address
City
Postal Code
Country

Legal Entity

Company Name
Date of Incorporation
Place of Incorporation/Commerce Register

Registered Office
City
Postal Code
Country

All other Powers of Attorney eventually granted are not concerned by this revocation. This revocation is effective as of the date hereof.

Place and date:

Signature of the Client: