



Revocation of a Power of Attorney

Client:

First Name:

Family/Company Name:

Account number:

The undersigned (hereinafter the "Client") hereby revokes the power of attorney, excluding any power of substitution, to:

Attorney:

First Name:

Family/Company Name:

Nationality:

Home Street Address:

Postal Code: City: Country:

All other Powers of Attorney eventually granted are not concerned by this revocation.

Place and date:

Signature of Client: