

Revocation of a Power of Attorney

Client:

Family/Company Name: _____	First Name: _____
Account number: _____	

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

Attorney:

Family/Company Name: _____	First Name: _____	
Date of Birth: _____	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: 1. _____