Account Holder ("Client"):	Account number: (Filled by Dukascopy)

V.21.11.2018

REVOCATION OF POWER OF ATTORNEY

The undersigned Client hereby revokes the power of attorney given to the below mentioned person/entity ("Attorney"):

Attorney (if an individual)

Name : _____

Surname : _____

Nationality : _____

Legal Address : _____

City : _____

Postal Code : _____

Country : _____

Attorney (if a legal entity)

Company Name : _____

Date of Incorporation : _____

Place of Incorporation/ Commerce Register : _____

Registered Office : _____

City : _____

Postal Code : _____

Country : _____

All other Powers of Attorney that may have been granted by the Client to other persons/entities are not concerned by this revocation. This revocation is effective as of the date of its effective receipt by Dukascopy Bank SA.

Date: _____

Signature(s): _____

Dukascopy Bank SA
ICC, Route de Pré-Bois 20, 1215 Geneva 15, Switzerland
Tel: +41 22 799 4888, Fax: +41 22 799 4880