

Account Holder/Client:	Account number: (Filled by Dukascopy Europe)
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V.09.07.2010

REVOCAATION OF POWER OF ATTORNEY

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

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 affected by this revocation. This revocation is effective as of the date hereof.

Place and date: _____

Signature of the
Holder/Client: _____