

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): _____