

<b>Account Holder ("Client"):</b>	<b>Account number:</b> (Filled by Dukascopy)
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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): \_\_\_\_\_