

Revocation of a Power of Attorney

Account number:

Principal

First Name:

Last Name:

Date of birth:

Street/no:

ZIP code/City:

(Hereinafter referred to as the „Principal“)

Authorized Agent

First Name:

Last Name:

Date of birth:

Nationality:

Street/no:

ZIP code/City:

(Hereinafter referred to as the „Authorized Agent“)

The Principal **hereby revokes** the Power of Attorney in favor of the Authorized Agent. All other Powers of Attorney eventually granted are not concerned by this revocation.

.....
Place, Date

.....
Signature of the Principal

Please send this document duly signed to: Swissquote Bank Ltd., Administration, Chemin de la Crétaux 33, P.O. Box 319, CH-1196 Gland