

## REVOCATION OF POWER OF ATTORNEY

Account Holder/Client

Account number

(Filled in by NSFX Limited)

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The undersigned (hereinafter referred to as Client) hereby revokes the Power of Attorney from:

**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 concerned by this revocation. This revocation is effective as of the date hereof. Anything done previously to the date hereof in accordance with the Power of Attorney shall remain firm, valid and effective both in regard to NSFX Limited as well as third parties.

**Place and date:**

**Signature(s):**

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