

REVOCATION OF POWER OF ATTORNEY



CLIENT'S INFORMATION

REVOCATION OF POWER OF ATTORNEY

This form must be filled in by the Client who no longer wishes to have the designated Power of Attorney trade, manage or have access to his or her account. Please send this form to your personal Account Manager or to backoffice@xm.com.

Client Name:	
Account Number:	Personal ID Number:
Address:	
Email:	Tel. No:
POWER OF ATTORNEY'S INFORM	ATION
Full Name/Company Name:	Tel. No: Tel. N
Email:	Tel. No:
* Please make sure that all orders/t	ositions have been closed in vour MT4 account when submittina this fo
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you send a copy of the Revocation of	Power of Attorney form to your Account Manager.
Client Signature:	Date: //20