

Withdrawal of the Bank's Power of attorney

 Client CIF A

Date	<input type="text"/>	Venue	<input type="text"/>
THE AUTHORISING PERSON (Client)			
(the person granting the authorisation)		(name, surname / company name)	
Personal code (date of birth) / Registration number	<input type="text"/>		

With this I hereby withdraw:

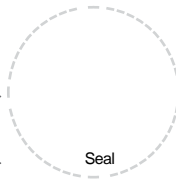
Power of attorney certified by the Bank No. issued

Power of attorney certified by notary public No. issued

Authorising person's confirmations

By signing the present Withdrawal, the Authorising person confirms, that:

- He acknowledges binding to himself all activities and obligations, assumed and not fulfilled, which were undertaken and carried out by the Authorized person within the scope of the cancelled Power of attorney until its cancelation;
- He refuses to bring any claims against the Bank for operations, which the Bank made following his order, by The Authorised person cancelled within the Power of attorney's withdrawal;
- The Authorising person independently and on his own account will inform The Authorised person and all persons, who should know about the withdrawal of the power of attorney;
- The Bank's Power of attorney is considered to be withdrawn from the moment, when the Bank has received an application of the Authorising person on Withdrawal of the Bank's Power of attorney;
- The Bank recognizes as binding to the Bank only such Withdrawal of the Bank's Power of attorney wich is correctly filled and signed by the Authorising person.

The Authorising person / The Authorising person's representative <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> (position) (name, surname) (signature) </div>	
The Authorising person's representative <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> (position) (name, surname) (signature) </div>	

To be completed by a representative of the Bank, who identifies the Client.

The document has been signed in my presence. I confirm the identity and signature / -s of the Client / Client's representative / -s.

.....
 (The Bank representative position, name, surname) (signature) (date)

Bank notes

Sales and Client Support Department			
..... (remarks) (The Bank representative position, name, surname) (signature)	<input type="text"/> (date)