

Revocation of Power of Attorney

I, the undersigned

(Full legal name) _____

(Identity number) _____ residing at

(Address) _____

hereby revoke the Power of Attorney dated _____ and granted to

(Full legal name) _____

(Identity number) _____ residing at

(Address) _____

I hereby give notice to _____ (Agent listed in Power of Attorney) and all other interested parties that I withdraw every power and authority thereby given and declare the above Power of Attorney null and void and of no further force or effect.

Executed this _____ day of _____ 20 _____

at _____

Signature: _____

This document was acknowledged before me on this _____ day of _____ 20____
by _____ (Principal's Full legal name)

Signature of Notary Public _____

My commission expires _____

State of _____

Stamp

County of _____