

Evrofinance Mosnarbank DEPOSITARY
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To be completed by an employee of the Depositary

<i>Incoming No.</i> _____	<i>Accepted for execution</i> _____, 20____ <i>Signature of the employee</i> _____
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To be completed by the Customer

**APPLICATION FOR
REVOCATION OF APPOINTMENT OF AUTHORIZED REPRESENTATIVE**

(name of the Depositor)

revokes Power of Attorney No. _____ dated _____ in the name of
authorized representative _____
surname

name, *patronymic(if any)*
formerly submitted to the Depositary of Evrofinance Mosnarbank.

Position

Signature

Surname and initials

Place of Seal

_____, 20 ____