

Revocation of Attorney/Domestic Representative and/or Appointment of Attorney/Domestic Representative

Handwritten Signature

Signature Section:	<i>FM</i>	<i>R. Obst</i>
Signature:	<i>FM</i>	<i>R. Obst</i>
Date:	<i>15 APR 15</i>	<i>15. APR 15</i>
Signatory's Name:	<i>FRASER McLEOD</i>	<i>Rüdiger Obst</i>
Signatory's Position:	<i>VP/GM HPLC</i>	<i>Director, SBS</i>
Signatory's Phone Number:	<i>+49 89 894680</i>	<i>+49 89 894680</i>

NOTE TO APPLICANT: When filed as part of the electronic form (i.e., scanned and attached as an image file), include only the signature page (no declaration is required, nor should any other information from the actual revocation be included).

[Back](#)