

**Revocation, Appointment, and/or Change of Address of Attorney/Domestic Representative**

**Handwritten Signature**

Signature Section:

Signature: 

Date: 5<sup>th</sup> September 2017

Signatory's Name: MARK B SIMPSON

Signatory's Position: MANAGING DIRECTOR

Signatory's Phone Number: + 44 1737 778600

**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](#)