

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

Handwritten Signature

Signature Section:

Signature: ma. P. Kovic
Date: 19.06.2018
Signatory's Name: PATRICK Kovic
Signatory's Position: Head of International Sales
Signatory's Phone Number: +49 3834 8533 350

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).

Signature Section:

Signature: _____
Date: _____
Signatory's Name: _____
Signatory's Position: _____
Signatory's Phone Number: _____

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).

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