

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

Handwritten Signature

Signature Section:

Signature: _____

Date: _____

Signatory's Name: Laurent Morali

Signatory's Position: Authorized signatory

Signatory's Phone Number: (212) 527-7000

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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