TRADEVIEW MARKETS

Revocation of Power of Attorney

Tradeview Financial Markets S.A.C. Tradeview is authorized to conduct business pursuant to and in compliance with the **General Law of Companies (LGS)** promulgated by the government of Peru. Is authorized to conduct business pursuant to and in compliance with the **General Law of Companies (LGS)** promulgated by the government of Peru. **Tradeview Financial Markets S.A.C** is registered with the **National Superintendence of Public Registries (SUNARP)**, company number 13089531. **Tradeview Financial Markets S.A.C** provides financial services in selected OTC derivative markets in compliance with all applicable government regulations.

July 2024

Revocation of Power of Attorney

I, _____ , by written instrument, appointed _____ as my agent and attorney-in fact to purchase, sell, hold, invest, and reinvest Contracts for Difference (collectively referred to as "CFDs") on equities, futures, currencies, precious metals and any similar instrument which was available to be purchased, sold, invested, or held in my account, in accordance with the terms and conditions of my account and risk and in my name or number on the books of Tradeview Financial Markets S.A.C.

Notice is hereby given that I have revoked, and do hereby revoke, the above-described power of attorney and all power and authority thereby given, or intended to be given, to _____ on this _____ th day of _____ , 20____ .

This revocation shall not affect any authorizations, ratications, conrmations, indemnities, or liabilities contained in the above-described power of attorney relating to, or resulting from, transactions initiated prior to my execution and Tradeview Financial Markets S.A.C receipt of such revocation.

PLEASE BE ADVISED OF THE FOLLOWING:

* In order to remove your account from the current agent and attorney-in fact, all open positions will be closed and reopened at the original opening price for the applicable position. **Should you prefer that these positions be closed and not reopened, please initial here:** _____

* Further, should you choose to reopen the positions they shall be subject to market risk.

* The revoking of all power of attorneys is conducted during New York operations hours.

ACCOUNT NAME: _____ ACCOUNT # _____

_____ _____

AUTHORIZED REPRESENTATIVE SIGNATURE.
(If more than one, all must sign)

SECONDARY ACCOUNT HOLDER
(If more than one, all must sign)

PRINT NAME: _____ PRINT NAME: _____

DATE: _____ DATE: _____