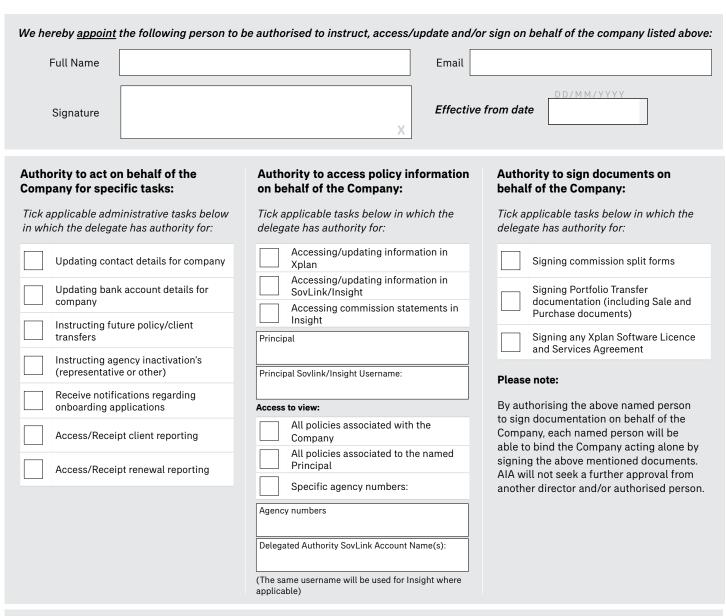
## **DELEGATED AUTHORITY:**

(Company)



## **Revocation of Authority**

We hereby <u>revoke</u> the following person(s) as having any authority regarding the above:

Full Name

Auckland 0622

Full	Name	

## Declaration and Signatures

I/We confirm that I/we are authorised to make the above delegation in accordance with the Company's constitution (if any) and/or its delegated authority policies and procedures.

Signed by:	:		
	as director of the C	ompany:	as director of the Company:
Signature		x	x
Date	DD/MM/YYYY	]	DD/MM/YYYY
<b>AIA House,</b> 74 Taharoto Road, Takapuna,	<b>Private Bag 92499,</b> Victoria Street West, Auckland 1142	Partnership Services team: Email: NZ.AgencyServices@aia.com Web: resources.aia.co.nz	X00279-037a-2403