**To:** **ING Bank Śląski S.A.**
**ul.Sokolska 34**
**40-086 Katowice**

**Enclosure no. 2 to the Ordinance no. Korp/422/2009**
**of the President of the Management Board**
**of ING Bank Śląski S.A. dated 11th August 2009**

_ _ - _ _ - _ _ _ _
(dd - mm - yyyy)
Date of receiving this Power of Attorney Revocation by the Bank
(filled in by the Bank)

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Client Identification File Number
*(filled in by the Bank)*

# POWER OF ATTORNEY REVOCATION

As duly authorized representatives of
…….....* ("Client")
(full name of the Client)
we hereby revoke entirely the Power o Attorney dated …….. to conclude with ING Bank Śląski S.A. (joint stock company) with its registered seat in Katowice, ul Sokolska 34, 40-086 Katowice, entered into the Entrepreneurs Register at the District Court in Katowice, VIII Commercial Division of the National Court Register under the number KRS 0000005459, with the tax identification number NIP 634-013-54-75 and with the share capital of PLN 130.100.100.00 paid up in whole ("Bank"), on behalf of the Client, transactions concerning financial instruments within the meaning of the Act of the 29 July 2005 on Trading In Financial Instruments, financial forward transactions within the meaning of the Banking Law Act of the 29 August 1997, financial forward transactions or sale of securities with the repurchase commitment within the meaning of the Bankruptcy And Rehabilitation Law Act of 28 January 2003, as well as purchase / sale of securities, FX Spot or negotiable deposits, in writing, by telephone or via Reuters / Bloomberg.

This Power of Attorney Revocation shall be effective as of the 5th business days following the delivery hereof to the Bank (to appropriate persons delegated to Client's service by the Bank).

* All data should be filled in with capital letters.

.....
Place and date (dd-mm-yyyy)

Signatures of empowered representatives of the Client:

| | |
|---|---|
| ..... | ..... |
| Legible name and surname | Signature consistent with the signature specimen at the Bank |
| ..... | ..... |
| Legible name and surname | Signature consistent with the signature specimen at the Bank |

| Filled in by a Bank employee authorized to approve Power of Attorney Revocation on behalf of the Bank | |
|---|---|
| Stamp and legible signature of the person approving Power of Attorney Revocation on behalf of the Bank: | Date: |