

Registered letter, date:

LETTER OF RESIGNATION

FROM

Name Surname:

Artist Code:

Place and Date of birth:

Address:

Zip code, City:.....

IPN (to be completed by Artisti 7607):

TO

Artisti 7607, Via Giovanni Battista Tiepolo 21, 00196, Rome

Dear Artisti 7607,

I hereby inform you that I want to revoke the mandate for the management of my rights conferred on you, aware that such request for resignation must be received with at least 6 (six) months of notice and will take effect from the 1° of January following the end of the notice.

Best regards,

Signature

Date