Power of Attorney

(Name of proxy)	(Proxy's national identification number
(Proxy's address)	(Proxy's phone number daytime)
(Proxy's postal code)	(Proxy's postal address)
to represent all shares that I/we hold in the meeting of Clavister Holding AB o	
(Place)	(Date)
(Place) (Shareholder's name)	(Date)
	(Date) (Clarification of signature)

A copy of the proxy form and any certificate of registration should be sent to the company at Clavister Holding AB, Sjögatan 6J, 891 60 Örnsköldsvik, Sweden, in ample time prior to the meeting.