

POWER OF ATTORNEY

Hereby authorized representative, or the one he or she may appoint, to represent me and vote for all of my shares in Clavister Holding AB (publ), 556917-6612, at the of Clavister Holding AB,

For

Name of the proxy holder

Social security number

Address of the proxy holder

Telephone no. of the proxy holder

Postal code

City

Signature of the shareholder

Place

Date

Shareholder's name or company

Shareholder's date of birth/registration number:

Shareholder's signature *

Printed name

Shareholder's address

Shareholder's telephone no. day time:

*) Legal entity: Signatory powers enclosed with document of authority certificate of registration, no more than one year old, to be presented. (In case that several persons are required to jointly sign for the company, a power of attorney is required.)

Please send the power of attorney and any document of authority in due time before the Annual General Meeting at Clavister Holding AB, Sjögatan 6J, SE-891 60 Örnsköldsvik, Sweden by mail or by e-mail to finance@clavister.com enclosed by the notice of participation.

(If the shareholder does not want to exercise their voting rights by proxy, the proxy form must not be submitted.)