## 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 or	• •
(Place)	(Date)
(Shareholder's name)	
(Shareholder's name) (Signature)	(Clarification of signature)

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