

## Power of Attorney

The undersigned shareholder hereby authorizes the below proxy to exercise all my/our rights at the annual shareholders' meeting in Polygiene AB, Reg. No. 556692-4287, on 15 May 2020.

Name of proxy:

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Personal identity number:

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Address:

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Telephone number during  
office hours:

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*Please note that the Power of Attorney has to be dated and signed.*

Name of the  
individual/entity granting  
the Power of Attorney:

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Personal identity  
number/Reg. No. of the  
individual/entity granting  
the Power of Attorney:

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Place and date:

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Signature of the person  
granting the Power of  
Attorney:

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Clarification of signature:

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