

POWER OF ATTORNEY

The undersigned hereby authorizes the following proxy, or the individual appointed by this proxy in his/her stead, to represent all of the undersigned's shares in Swedencare AB (publ), corp. reg. no. 556470-3790, at the Annual General Meeting (AGM) of Swedencare AB (publ).

PROXY

Name of proxy:	Personal identity number:
Delivery address:	
Zip code and postal address:	
Daytime telephone number (incl. area code):	

SHAREHOLDER'S SIGNATURE

Name of shareholder:	Personal identity number/Corp Reg. No.:
Daytime telephone number (incl. area code):	
Place and date:	
Shareholder's signature:	
Printed name (only applicable when signing for a legal entity):	

This power of attorney is valid until:

the end of the AGM on 25 April 2024

1 year

5 year

Where the power of attorney is issued by a legal entity, proof of authority (the certificate of registration or its equivalent that confirms the authority of the signatory) must be attached.

The power of attorney may be valid for up to five years from issuance and must be dated and signed in order to be valid.

Please observe that notification of participation in the General Meeting must be carried out as detailed in the notification of the General Meeting, also for shareholders who wish to be represented by proxies at the General Meeting.
