

Power of Attorney

The undersigned shareholder of **Midsona AB** hereby appoints an authorised proxy in order to exercise its rights at the Annual General Meeting of Midsona AB.

If not otherwise stated below, the proxy is only valid at the Annual General Meeting of 2020.

The Power of Attorney is valid up and until (specify date; at the most five years from the date when the proxy was signed): _____

The Power of Attorney is not valid for the total amount of the shareholders shares, but for the following numbers of shares: _____

Proxy

Name:	Personal identity number:
Address:	Telephone number (daytime):

Shareholder

Name:	Personal identification number/corporate registration number:
Address:	Telephone number (daytime):
Place and date:	
The shareholder/shareholders authorised signature:	
Clarification of signature:	

Please observe that if the shareholder is a legal entity, the authorised signatory shall sign the Power of Attorney and authorisation documents shall be enclosed.

The completed form (with attachments, if applicable) should be sent to Fredersen Advokatbyrå, Turning Torso, 211 15 Malmö, well in advance before the general meeting.