## **Power of Attorney**

The undersigned shareholder hereby authorizes the below proxy to exercise my/our rights at the annual general meeting in Cyxone AB, Reg. No. 559020-5471, on 30 May 2023.

Name of proxy:	
Personal identity number:	
Address:	
Telephone number during office hours:	
Note that the Power of Attor	rney must be dated and signed.
Name of the shareholder:	
Personal identity number/Reg. No. of the shareholder:	
Place and date:	
Signature of the share-holder:	
Clarification of signature:	