

Power of Attorney

The undersigned shareholder hereby authorizes the below proxy to exercise all my/our rights at the annual shareholders' meeting in BONESUPPORT HOLDING AB, Reg. No. 556802-2171, on 16 May 2024.

Name of proxy:

Personal identity number:

Address:

Phone No. (daytime)

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

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

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

Phone No. (daytime)

Place and date:

Signature of the person granting
the Power of Attorney:

Clarification of signature:
