

## 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 27 May 2025.

Name of proxy:

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Personal identity number:

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Address:

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Phone No. (daytime)

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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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Phone No. (daytime)

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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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