

Name of proxy agent

Power of Attorney and notification of attendance of shareholder

Social Security No/Date of birth of proxy agent

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Address of proxy agent	
Than one of proxy agont	
Phone no. of proxy agent, daytime	
Signature by shareholder/proxy giver	
Place and date	
Shareholder's signature	
Clarification of signature	
Shareholder's Social Security No/Date of birth	
Shareholder's Phone no. , daytime	

If signing for a company, an up to date certificate of incorporation shall be enclosed to the completed proxy form.

The completed proxy form (with any enclosures) shall be sent to Mycronic AB (publ), Annual General Meeting, Box 3141, S-183 03 Täby, Sweden.