Power of Attorney

For:	
(Proxy holder's name)	(Proxy holder's personal identity no./date of birth)
(Proxy holder's address)	
(Proxy holder's phone no.)	
To represent and vote for me/us and all of m of Fingerprint Cards AB	
(City)	(Date)
(Shareholder's signature)	
(Shareholder's name)	
(Shareholder's personal identity no./date of birth/corporate registration no.)	(Shareholder's phone no.)

The Power of Attorney should be sent in original together with any certificate of registration to: Computershare AB, "Fingerprint Cards AB AGM", P.O. Box 5267, 102 46 Stockholm.