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 Meeting of Fingerprint Cards AB (publ) on Fe	my/our shares at the Extraordinary General ebruary 24, 2023.
(City)	(Date)
(Shareholder's signature)	
(Shareholder's name)	
(Shareholder's personal identity no./date of birth/corporate registration no.)	(Shareholder's phone no.)

If issued by a legal entity, the power of attorney must be signed by an authorized representative and be accompanied by a copy of a certificate of registration or a corresponding document of authority for the legal entity.