Power of attorney

Please send the original version of this power of attorney, signed and dated, together with authorisation documents (if necessary) to **Medicover AB**, **AGM 2019**, **c/o Euroclear Sweden**, **P.O. Box 191**, **SE-101 23 Stockholm**, **Sweden** in good time before the Annual General Meeting to be held on 3rd of May 2019. Please also notify an intention to attend the meeting within the prescribed time and in the prescribed way (see notice).

Power of attorney for proxy

The following person:	
Name of proxy:	
Personal identity number of proxy (if ownir	ng shares):
Address:	
Daytime telephone no.:	
is hereby authorised to represent all of my Meeting of Medicover AB (publ) on 3 rd of N	
Shareholders' name/company name:	
Personal identity no. /Organisation no.:	
Daytime telephone no.:	
Place and date (obligatory):	
Signature of shareholder granting power on behalf of a legal entity).	f attorney (or person authorised to sign
Signature	Name in block letters

If the person granting power of attorney is signing on behalf of a legal entity then an up-to-date registration certificate, or similar document listing the authorised signatories, must be enclosed with this power of attorney.