

PROXY FORM

The proxy stated below, or the person he or she appoints in his or her place, is hereby authorised to vote on behalf of all shares I, the undersigned, hold in Handicare Group AB (publ), 556982-7115, ("Handicare") at the Extraordinary General Meeting of Handicare on 7 December 2020.

Proxy

Name of the proxy	Personal identity number/Date of birth
Address	
Postal code and city	Phone number

Signature by the shareholder

Name of the shareholder	Personal identity number/Date of birth/Registration number
Place and date	Phone number
Signature*	

* If signing for a company, a clarification of signature shall be included above and an up to date certificate of incorporation (or the equivalent) shall be enclosed to the completed proxy form.

Please note that a shareholder shall give the company notice of attendance as set out in the notice convening the Meeting even if the shareholder intends to exercise his or her voting rights through a proxy. The proxy form is not a substitute for notice of attendance.

The completed proxy form (with any enclosures) should be sent to Handicare Group AB (publ), "Bolagsstämma", Ingmar Bergmans gata 4, 114 34 Stockholm, Sweden, together with the notice of attendance.

For the avoidance of doubt, if the shareholder does not intend to exercise his or her voting rights through a proxy, the proxy form does not need to be sent to the company.