## **Proxy**

For:	
(Name of proxy holder)	(Personal identity number)
(Address)	(Phone number during business hours)
(Zip code)	(Postal address)
	eral Meeting (AGM) in Opus Group AB on May 17, 2018.
(City and country)	(Date)
(Signature of shareholder)	
(Full name in printed form)	
(Personal identity or corporate identity number)	(Phone number during business hours)

The proxy in original, together with a certificate of registration if the shareholder is a legal entity, shall no later than May 11, 2018, be sent to "AGM 2018", Opus Group AB, Att. Helene Carlsson, Basargatan 10, 411 10 Göteborg

Please note that a separate notification regarding the shareholder's attendance at the AGM must be made even if the shareholder wishes to exercise his/her voting right at the AGM by proxy.

Sending in this proxy form will not be valid as notification of attendance at the AGM.