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.)	
o represent and vote for me/us and all of r f Fingerprint Cards AB (publ) on June 24, 20	ny/our shares at the Annual General Meetin 025.
(City)	 (Date)
(City) (Shareholder's signature)	
(Shareholder's signature)	

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.