

Proxy form

The following representative, or the person he or she puts in his or her place, is hereby authorized to vote for all of the undersigned's shares in Bulten AB (publ), org. No. 556668-2141, at the Annual General Meeting of Bulten AB (publ) on Tuesday, April 25, 2023.

Name of proxy	Personal identification no./Date of birth	
Address		
Postal code and postal address	Telephone number	

The shareholders' name	Personal identification no./Date of birth/Company registration no	
The shareholders hame	resolution medication	
City and date	Telephone number	
City and date	relephone number	
Shareholder's signature:		
Shareholder s signature.		
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If the power of attorney is issued by a legal entity, a name clarification must be stated and a certified copy of the current registration certificate or equivalent for the legal entity must be attached.