Power of Attorney

(Name of proxy)	(Proxy's national identification number
(Nume of proxy)	(FTOX) 3 Hational lacinification number
(Proxy's address)	(Proxy's phone number daytime)
(Proxy's postal code)	(Proxy's postal address)
to represent all shares that I/we hold in the meeting of ACROUD AB on The	
(Place)	(Data)
	(Date)
(Shareholder's name)	(Dute)
(Shareholder's name) (Signature)	(Clarification of signature)

Please send the original power of attorney and, if the power of attorney is issued by a legal entity, a copy of a certificate of registration or equivalent authority document, well before the Annual General Meeting to: Advokatfirman Lindahl KB, Att. ACROUD Årsstämma, Box 5898, 102 40 Stockholm, Sweden.