

**FULDMAGT**  
**PROXY**

Undertegnede giver hermed:  
*The undersigned hereby:*

(Tick)


(angiv navn på den du giver fuldmagt)  
*(write name of the person you give power of attorney)*

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Bestyrelsen i Medical Prognosis Institute A/S  
*The board of directors at Medical Prognosis Institute A/S*

Fuldmagt til at repræsentere og afgive stemme for min samlede aktiebeholdning på den ekstraordinære generalforsamling i Medical Prognosis Institute A/S, den 30. maj 2018.  
*Power of attorney to represent and vote on all my shares at the extraordinary general meeting of Medical Prognosis Institute A/S, 30 May 2018.*

Navn på aktionær  
*Name of shareholder*

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Adresse  
*Address*

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Antal aktier  
*Number of shares*

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Dato:  
*Date:*

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Navn:  
*Name:*

Returnér denne fuldmagt underskrevet og dateret til Medical Prognosis Institute A/S, venlighedsvej 1, DK-2970 Hørsholm.  
*Please return the power of attorney signed and dated to Medical Prognosis Institute A/S, Venlighedsvej 1, DK-2970 Hørsholm.*