**Power of Attorney**

for the Annual General Meeting of Iceland Seafood International hf. 2024

I, the undersigned shareholder of Iceland Seafood International hf. hereby grant the following person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of attorney ID no.**

full and unrestricted power of attorney to attend, on my behalf, the annual general meeting of Iceland Seafood International hf. to be held on 21 March 2024 and to exercise my rights as a shareholder at the meeting. This includes, *inter alia*, the power to exercise my voting rights in relation to all matters which are on the meeting’s agenda.

Information on the shareholder:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name:  |   |   |   |   |   |   |
| ID no.:  |  |   |   |   |   |
| Number of shares:  |   |   |   |   |   |
| E-mail: |  |   |   |   |   |   |
| Tel:  |   |   |   |   |   |

All acts carried out at the meeting by the attorney shall be deemed equivalent to the acts of the shareholder as if the shareholder had himself/herself acted in such way.

This power of attorney shall either be delivered to the offices of Iceland Seafood International hf. at Köllunarklettsvegur 2, 104 Reykjavík, Iceland or emailed to agm@icelandseafood.com, at least three hours prior to the meeting. The power of attorney shall be dated and signed by the shareholder and witnesses. The power of attorney may also be delivered upon entry to the annual general meeting, at, Hilton Reykjavík Nordica, 104 Reykjavik, Iceland, in which case timely appearance is necessary as there is need to review the validity of the power of attorney and register the attendees.

If the shareholder is a legal person, this power of attorney shall be granted by a holder of a power of procuration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the shareholder / a legal person’s holder of a power of procuration

Witnesses to the correct date and signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and ID no. Name and ID no.