

Power of Attorney

The undersigned shareholder hereby authorizes the below proxy to exercise all my/our rights at the annual general meeting in Ascelia Pharma AB, Reg. No. 556571-8797, on 6 May 2020.

Name of proxy:

Personal identity number:

Address:

Telephone number during office hours:

Name of the individual/entity granting the Power of Attorney:

Personal identity number/Reg. No. of the individual/entity granting the Power of Attorney:

Place and date:

Signature of the person granting the Power of Attorney:

Clarification of signature:
