## **Power of Attorney**

The undersigned shareholder hereby authorizes the below proxy to, by advance voting, exercise my/our rights at the extraordinary general meeting in Ascelia Pharma AB, Reg. No. 556571-8797, on 13 April 2021.

Name of proxy:	
Personal identity number:	
Address:	
Telephone number during office hours:	
Note that the Power of Attor	rney must be dated and signed.
Name of the shareholder:	
Personal identity number/Reg. No. of the shareholder:	
Place and date:	
Signature of the share-holder:	

Please note that if the shareholder wishes to exercise his/her voting right at the meeting by proxy, the proxy must be attached to the advance voting form available on the company's website (<a href="www.ascelia.com">www.ascelia.com</a>) and sent to the company in accordance with the instructions in the form. If the shareholder is a legal entity, a certified copy of the current certificate of registration or equivalent authorization documents for the legal entity must also be attached. Proxy forms that have been sent to the company without an advance voting form <a href="documents-form-do-not-count-as-notification">do-not-count-as-notification</a> to the meeting.