

Power of Attorney

The undersigned shareholder hereby authorizes the below proxy to exercise my/our rights at the annual general meeting in Ascelia Pharma AB, Reg. No. 556571-8797, on 4 May 2023.

Name of proxy:

Personal identity number:

Address:

Telephone number during
office hours:

Note that the Power of Attorney must be dated and signed.

Name of the shareholder:

Personal identity num-
ber/Reg. No. of the share-
holder:

Place and date:

Signature of the share-
holder:

Clarification of signature:
