Power of Attorney

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| The undersigned shareholder hereby authorizes the below proxy to exercise my/our rights at the extraordinary general meeting in Ascelia Pharma AB, Reg. No. 556571-8797, on 30 October 2024. |
| 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 number/Reg. No. of the shareholder: |  |
| Place and date: |  |
| Signature of the shareholder: |  |
| Clarification of signature: |  |

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