Power of Attorney

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:	
Tolophono number during	
Telephone number during office hours:	
Note that the Power of Attorne	y 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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