**PROXY FORM**

The below representative is hereby authorised to represent, or the person he or she appoints in his or her place act and vote on the undersigned’s behalf at the extraordinary general meeting in PEPTONIC medical AB, reg.no 556776–3064 (the “**Company**”), on 7 January 2025.

|  |  |
| --- | --- |
| **Representative** |  |
| Name of representative | Personal identity no/Date of birth |
| Delivery address | |
| Postal code and postal address | Telephone number |

|  |  |
| --- | --- |
| **Signature by the shareholder** | |
| Name of the shareholder | Personal identity no/Date of birth/Reg. no. |
| Date and place | Telephone number |
| Signature | |

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The authorisation must be dated and signed to be valid.

When signing with signatory power the name must be specified in the signature field and a valid registration certificate (or equivalent document) must be attached to the completed proxy form. Please note that a shareholder's participation in the general meeting must be notified in the manner prescribed in the notice to the meeting even if the shareholder wishes to exercise his/her voting rights by proxy.

A copy of the power of attorney and any authorisation documents must be sent to the Company at the address PEPTONIC medical AB, Färögatan 33, 164 53 Kista or via e-mail to [info@peptonicmedical.se](mailto:info@peptonicmedical.se) well in advance of the meeting.