

## Power of Attorney

The undersigned shareholder hereby authorizes the below proxy to exercise all my/our rights at the extraordinary shareholders' meeting in SynAct Pharma AB, Reg. No. 559058-4826, on 6 November 2020.

Name of proxy:

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Personal identity number  
of proxy:

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Address of proxy:

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The proxy's telephone  
number during office  
hours:

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*Please note that the Power of Attorney has to be dated and signed.*

Name/company name of  
the shareholder:

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Personal identity  
number/Reg. No. of  
shareholder:

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Place and date:

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Signature of the  
shareholder:

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Clarification of signature:

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