

Power of Attorney

The undersigned shareholder hereby authorizes the below proxy to, by advance voting, exercise my/our rights at the extraordinary general meeting in SynAct Pharma AB, Reg. No. 559058-4826, on March 28, 2022.

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:

Please note that if the shareholder wishes to exercise his/her voting right at the meeting by proxy, the proxy must be attached to the advance voting form available on the company's website (www.synactpharma.com) and sent to the company in accordance with the instructions in the form. If the shareholder is a legal entity, a certified copy of the current certificate of registration or equivalent authorization documents for the legal entity must also be attached. Power of Attorney forms that have been sent to the company without an advance voting form do not count as notification to the meeting.