

Power of Attorney

The undersigned shareholder hereby authorizes the below proxy to exercise my/our rights at the extraordinary general meeting in SynAct Pharma AB, Reg. No. 559058-4826, on 12 January 2023.

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:
