Power of Attorney

The undersigned shareholder hereby authorizes the below proxy to exercise my/our rights at the annual general meeting in SynAct Pharma AB, Reg. No. 559058-4826, on 25 May 2023.

| Name of proxy: | |
|---|--------------------------------|
| Personal identity number: | |
| Address: | |
| | |
| Telephone number during office hours: | |
| Note that the Power of Atto | rney must be dated and signed. |
| Name of the shareholder: | |
| Personal identity number/Reg. No. of the shareholder: | |
| Place and date: | |
| Signature of the share- holder: | |
| Clarification of signature: | |