

PROXY

The undersigned shareholder of **Asarina Pharma AB (publ)** hereby appoints an authorized proxy in order to exercise its rights at the Annual General Meeting of Asarina Pharma AB (publ). If not otherwise stated below, the proxy is only valid at the Annual General Meeting 2023.

The proxy is valid up and until
(specify date; at the most five years from
the date when the proxy was signed): _____

the proxy is not valid for the total
amount of the shareholders shares,
but for the following numbers of shares: _____

Proxy

Name:	Personal identity number:
Address:	Telephone number (daytime):

Shareholder

Name:	Personal identification number/corporate registration number:
Address:	Telephone number (daytime):
Place and date:	
The shareholder/the shareholders authorized signature:	
Clarification of signature:	

Please observe that if the shareholder is a legal entity, the authorized signatory shall sign the proxy and authorization documents shall be enclosed.

The completed form (with attachments, if applicable) should be sent to Fredersen Advokatbyrå, Turning Torso, 211 15 Malmö, well in advance before the Annual General Meeting.