

Proxy Form

The proxy below is hereby authorized to exercise the rights of the shareholder below at the general meeting of **Asarina Pharma AB (publ)**. Unless otherwise stated below, the authorization is only valid for the general meeting on 21 August 2024.

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

the authorization 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 form and authorization documents shall be enclosed.

The completed form (with attachments, if applicable) should be sent to Asarina Pharma AB, c/o Fredersen Advokatbyrå, Neptunigatan 82, 211 18 Malmö, well in advance before the general meeting.