

## PROXY

The undersigned shareholder of **Asarina Pharma AB (publ)** hereby appoints an authorised proxy in order to exercise its rights at the general meeting of Asarina Pharma AB (publ). If not otherwise stated below, the proxy is valid only at the extraordinary general meeting to be held on 21 January 2020.

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 authorisation documents shall be enclosed.

The completed form (with attachments, if applicable) should be sent to Asarina Pharma AB, c/o Fredersen Advokatbyrå AB, Turning Torso, 211 15 Malmö or by e-mail to [asarinapharma@fredersen.se](mailto:asarinapharma@fredersen.se)