

## PROXY FORM

The below proxy, or any person appointed by him or her, is hereby appointed to represent all shares that I/we hold in Immunovia AB (publ), reg. no. 556730-4299, at the extraordinary meeting of shareholders on 21<sup>st</sup> November 2023.

### Proxy:

Name of proxy:	Date of birth:
Address:	
Post code and postal address:	Phone number:

### Signature by shareholder:

Name of shareholder:	Date of birth or company registration number
Place and date:	Phone number:
Signature (in case of legal entity also clarification of signature) *	

In cases where the shareholder is a legal entity, a current registration certificate (evidencing rights to sign for the shareholder) shall be appended to this proxy form.