



PROXY

The undersigned shareholder of **Alzinova AB (publ)** hereby appoints an authorized proxy in order to exercise its rights at the Annual General Meeting of **Alzinova AB (publ)**. If not otherwise stated below, the proxy is only valid at the Annual General Meeting on 29 May 2024.

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:

Shareholder

Name:	Personal identification number/corporate registration number:
Address:	Telephone number:
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 Alzinova AB (publ) c/o Fredersen Advokatbyrå, Birger Jarlsgatan 8, 114 34 Stockholm, Sweden, well in advance before the Annual General Meeting.