

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 2025.

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 c/o Fredersen Advokatbyrå, Birger Jarlsgatan 8, SE-114 34 Stockholm, well in advance before the Annual General Meeting.