

POWER OF ATTORNEY FORM

The shareholder stated below hereby grants the proxy stated below the right to represent and vote for the shareholder's entire shareholding in Hamlet Pharma AB (publ), reg. no. 556568-8958, at the extraordinary general meeting on Wednesday, 17 May 2023.

Proxy

Name of the proxy:	Personal identification number:
Postal address:	
Postcode and post town:	Daytime telephone number:

Shareholder

Name of the shareholder:	Personal identification number or corporate registration number:
Postal address:	
Postcode and post town:	Daytime telephone number:
Date and signature:	Clarification of signature:

If issued by a legal entity, the power of attorney must be signed by an authorized signatory and be accompanied by a registration certificate or other documents attesting to the authority of the signatory.

Please observe that sending in this power of attorney form will not be sufficient in order to give notice of your attendance at the meeting. Notice of participation at the general meeting must occur in the manner prescribed in the notice to the general meeting.

A copy of the power of attorney and a registration certificate or other documents attesting the authority of the signatory (if applicable) ought to be sent to the company well in advance of the meeting by e-mail to info@hamletpharma.com or by mail to Hamlet Pharma AB, BMC D10, Klinikgatan 32, SE-222 42 Lund, Sweden.