

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 Klaria Pharma Holding AB (publ), reg. no. 556959-2917, at the annual general meeting on 12 May 2023.

Proxy

Name of the proxy:	Personal identification number:
Postal address:	E-mail:
Postcode and post town:	Day time telephone number:

Shareholder

Name of the shareholder:	Personal identification number or corporate registration number:
Postal address:	E-mail:
Postcode and post town:	Day time telephone number:
Date and signature:	Name (block letters):

The power of attorney must be dated and signed to be valid.

If issued by a legal entity, the power of attorney must be signed by authorised signatory(-ies) and be accompanied by a registration certificate or corresponding documents attesting to the authority of the signatory for foreign legal entities.

A copy of the power of attorney form and a registration certificate or corresponding documents attesting the authority of the signatory (if applicable) should be sent to Setterwalls Advokatbyrå AB, Attn: Magnus Melin, P.O. Box 1050, 101 39 Stockholm, Sweden, or by e-mail to magnus.melin@setterwalls.se so that they are received by Setterwalls Advokatbyrå AB no later than 8 May 2023.

Please observe that sending in this power of attorney form is not valid as a notice of participation to the general meeting. Shareholders who wish to attend the meeting must also give notice of their attendance in accordance with the instructions to be found in the notice to attend the general meeting.