PROXY FORM

The undersigned shareholder hereby authorises the below-named proxy to represent and vote for all shares held by the shareholder in Klaria Pharma Holding AB (publ), reg. no. 556959-2917, at the extraordinary general meeting to be held on 5 October 2026.

Proxy

Name of proxy:	Personal identity number:
Postal address:	Email:
Postal code and city:	Telephone number:

Shareholder

Name of shareholder:	Personal or corporate identity number:
Postal address:	Email:
Postal code and city:	Telephone number:
Date and signature:	Printed name:

The proxy form must be dated and signed in order to be valid.

If the proxy form is issued by a legal entity, the proxy form must be signed by an authorised signatory and a copy of the certificate of registration or equivalent authorisation document must be enclosed.

The proxy form and any authorisation documents shall be sent to Klaria Pharma Holding AB (publ), at the address Klaria Pharma Holding AB, Virdings Allé 2, 754 50 Uppsala or by email to info@klaria.com.

Please note that the submission of this proxy form does not constitute notification of attendance at the meeting.