POWER OF ATTORNEY

(Name of proxy)	(Proxy's national identification number)
(Proxy's address)	(Proxy's phone number daytime)
(Proxy's postal code)	(Proxy's postal address)
	old in the company, at the extraordinary gener rma AB (publ) on May 27, 2021.
(Place)	(Date)
(Place) (Shareholder's name)	(Date)
	(Date) (Clarification of signature)

Please send the power of attorney and, if the power of attorney is issued by a legal person, a copy of a certificate of registration well before the EGM to: shareholders@promorepharma.com or by mail to Promore Pharma AB (publ), "EGM", Fogdevreten 2, SE-171 65 Solna, Sverige.