

PROXY FORM

I hereby appoint the proxy stated below, or whomever he or she may appoint, to vote on my behalf for all my shares in Isofol Medical AB (publ), Reg. No. 556759-8064, with its registered office in Gothenburg, at the annual general meeting on 23 June 2021.

Proxy

Name of the proxy	Personal identity number/Date of birth
Address	
Postal code and city	Telephone number

Signature by the shareholder

Name of the shareholder	Personal identity number/Date of birth/Registration number
Place and date	Telephone number
Signature*	

* If signing for a company, a clarification of signature shall be included above and an up to date certificate of incorporation (or the equivalent) shall be enclosed to the completed proxy form.

Please note that a shareholder shall give the company notice of attendance – as set out in the notice convening the meeting – even if the shareholder intends to exercise his or her voting rights through a proxy.

The completed proxy form (with any enclosures) should be sent in original to Isofol Medical AB (publ), “AGM 2021”, Att. Gustaf Albèrt, Arvid Wallgrens backe 20, SE-413 46 Gothenburg, Sweden or by e-mail to arsstamma@isofolmedical.com, together with the advance voting form no later than 22 June 2021. For the avoidance of doubt, if the shareholder does not intend to exercise his or her voting rights through a proxy, the proxy form does not have to be sent to the company.

Processing of personal data

For information on how your personal data is processed, see

www.euroclear.com/dam/ESw/Legal/Integritetspolicy-bolagsstammor-svenska.pdf.