

Power of Attorney

The undersigned shareholder hereby authorizes the below proxy to exercise my/our rights at the annual general meeting in Chosa Oncology AB, Reg. No. 559037-2271, on 31 May 2024.

Name of proxy: _____

Personal identity number of proxy: _____

Address of proxy: _____

The proxy's telephone number during office hours: _____

Note that the Power of Attorney must be dated and signed.

Name of the shareholder: _____

Personal identity number/Reg. No. of the shareholder: _____

Place and date: _____

Signature of the shareholder: _____

Clarification of signature: _____

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