

# Power of attorney

The undersigned shareholder hereby authorizes the below proxy to exercise all my/our rights at the annual general meeting in Chosa Oncology AB, Reg. No. 559037-2271, on 26 May 2023.

Name of proxy: \_\_\_\_\_

Personal identity number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number during office hours: \_\_\_\_\_

*Please note that the Power of Attorney has to 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: \_\_\_\_\_