

# Power of Attorney

The undersigned shareholder hereby authorizes the below proxy to exercise my/our rights at the annual general meeting in Immunovia AB (publ), Reg. No. 556730-4299, on 19 June 2024.

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

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

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

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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