

## 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 14 May 2025.

Name of proxy:

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Personal identity number:

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Address:

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Telephone number during  
office hours:

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

Name of the shareholder:

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

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Place and date:

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Signature of the shareholder:

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Clarification of signature:

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For information on how your personal data is processed, see

<https://www.euroclear.com/dam/ESw/Legal/Privacy-notice-bolagsstammor-engelska.pdf>.