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 13 May 2026.

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: _____

For information on how your personal data is processed, see https://www.euroclear.com/dam/ESw/Legal/Privacy-notice-bolagsstammor-engelska.pdf.