

## POWER OF ATTORNEY FORM

The shareholder stated below hereby grants the proxy stated below the right to represent and vote for the shareholder's entire shareholding in Doktorse Nordic AB, reg. no. 559058-0089, at the extraordinary shareholders' meeting to be held by postal voting on 19 May 2021.

### Proxy

Name of the proxy:	Personal identification number:
Postal address:	E-mail:
Postcode and post town:	Day time telephone number:

### Shareholder

Name of the shareholder:	Personal identification number or corporate registration number:
Postal address:	E-mail:
Postcode and post town:	Day time telephone number:
Date and signature:	Name (block letters):

The power of attorney must be dated and signed to be valid.

If issued by a legal entity, the power of attorney must be signed by authorised signatory(-ies) and be accompanied by a registration certificate or corresponding documents attesting to the authority of the signatory for foreign legal entities.

A copy of the power of attorney form and a registration certificate or corresponding documents attesting the authority of the signatory (if applicable) should to be sent, together with the postal voting form, to Doktorse Nordic AB, Attn. Martin Sellman, Banérgatan 10, 115 23 Stockholm, Sweden, or by e-mail to [investerare@doktor.se](mailto:investerare@doktor.se) so that they are received by Doktorse Nordic AB no later than 18 May 2021.

Please observe that sending in this power of attorney form is not valid as a notice of participation to the shareholders' meeting. The postal voting form is available at the company's website [www.doktor.se/investerare](http://www.doktor.se/investerare) and is held available at the company's office.