

Power of attorney form

The undersigned shareholder hereby authorizes the attorney set forth below, or such person that he or she appoints, to vote for all shares held by the shareholder in Sedana Medical AB (publ), reg.no 556670-2519, at the annual general meeting held on 10 May 2021.

Attorney

Name of the attorney	Personal identification number
Postal address	
Postcode and city	Telephone number

Shareholder

Name of the shareholder	Personal identification number/company registration number
Postal address	
Postcode and city	Telephone number
Ort och datum	
Signature(s) and certification of signature(s)	

If the power of attorney is issued by a legal person, the power of attorney shall be executed by authorised signatories and a copy of certificate of registration or corresponding document supporting the authority of the signatory shall be appended to the power of attorney form.

Please note that if the shareholder wishes to exercise the shareholder's right at the general meeting through proxy, a proxy form shall be accompanied by the form for the postal voting available at www.sedanamedical.se, the company's office and via Euroclear Sweden AB's website <https://anmalan.vpc.se/euroclearproxy>. The form for the postal voting shall be sent within such period and as stated in accordance with the instructions to be found in the notice to attend the general meeting and the form for the postal voting. A proxy form that has been sent in without the form for the postal voting is not valid as a participation at the general meeting.
