

PROXY FORM**in accordance with Chapter 7 Section 54 (a) of the Swedish Companies Act**

I hereby appoint the proxy stated below, or whomever he or she may appoint, to vote on my behalf for all my shares in Clinical Laserthermia Systems AB (publ), Reg.No. 556705-8903, at the annual shareholders' meeting of Clinical Laserthermia Systems AB (publ) Monday 28 June 2021.

Proxy

Name of the proxy	Personal identity number/Date of birth
Address	
Postal code and city	Telephone number

Signature by the shareholder

Name of the shareholder	Personal identity number/Date of birth/Registration number
Place and date	Telephone number
Signature*	

* If signing for a company, a clarification of signature shall be included above and an up to date certificate of registration (or the equivalent) shall be enclosed to the completed proxy form.

The proxy shall (i) be enclosed with the form for advance voting which is available at Clinical Laserthermia Systems' website and (ii) be submitted in accordance with the instructions of the form. If the shareholder does *not* intend to exercise his or her voting rights through a proxy, the proxy form does not have to be sent to the company.