

## PROXY FORM

The below stated proxy, or anyone appointed by him or her, is hereby authorized to vote for all shares held by the undersigned in Clinical Laserthermia Systems AB, reg.no. 556705-8903, at the general meeting in Clinical Laserthermia Systems AB on June 8<sup>th</sup> 2023.

### Proxy

Name of the proxy	Personal identity number/Date of birth
Address	
Post code and city	Phone number

### Signature by the shareholder

Name of the shareholder	Personal identity number/Date of birth/Corporate registration number
Place and date	Phone number
Signature*	

\*If signing for a company, a clarification of signature shall be included above by the signature and an up to date certificate of incorporation shall be enclosed to the completed proxy form.

Please note that a shareholder shall give the company notice of attendance – as set out in the notice convening the general meeting – even if the shareholder intends to exercise his or her voting rights through a proxy.

The completed proxy form (with any enclosures) should be sent to Clinical Laserthermia Systems AB, Medicon Village, Scheelegatan 2, 223 63 Lund, or email [info@clinicallaser.se](mailto:info@clinicallaser.se) together with the notice of attendance. For the avoidance of doubt, 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.

For further questions, please contact [info@clinicallaser.se](mailto:info@clinicallaser.se)