

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 28th 2024.

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, Scheelevägen 2, 223 81 Lund, or email 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.