



Proxy Form

I hereby authorize the proxy named below to exercise my rights at the Annual General Meeting of Genovis AB (publ) Wednesday, May 21, 2025.

Proxy

Name of proxy:

Personal ID number:

Mailing address:

Postal code and city:

Telephone, day:

Signature of shareholder:

Please note that the proxy must be dated, signed and submitted in original

Date:

Shareholder's signature

(If signing on behalf a company, an up-to-date registration certificate must be attached)

Name printed