

POWER OF ATTORNEY FORM

The shareholder stated below hereby grants the proxy stated below the right to represent and vote for the shareholder's entire shareholding in InDex Pharmaceuticals Holding AB, reg. no. 559067-6820, at the annual general meeting to be held by postal voting on 3 June 2021.

Proxy

Name of the proxy:	Personal identification number:
Postal address:	E-mail:
Postcode and post town:	Day time telephone number:

Shareholder

Name of the shareholder:	Personal identification number or corporate registration number:
Postal address:	E-mail:
Postcode and post town:	Day time telephone number:
Date and signature:	Name (block letters):

The power of attorney must be dated and signed to be valid.

If issued by a legal entity, the power of attorney must be signed by authorised signatory(-ies) and be accompanied by a registration certificate or corresponding documents attesting to the authority of the signatory for foreign legal entities.

A copy of the power of attorney form and a registration certificate or corresponding documents attesting the authority of the signatory (if applicable) should to be sent, together with the postal voting form, to InDex Pharmaceuticals Holding AB, Berzelius väg 13, 171 65 Solna, Sweden, or by e-mail to info@indexpharma.com so that they are received by the company no later than 2 June 2021.

Please observe that sending in this power of attorney form is not valid as a notice of participation to the general meeting. The postal voting form is available at the company's website www.indexpharma.com and is held available at the company's office.