

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 (publ), reg. no. 559067-6820, at the extraordinary general meetings to be held on Monday 10 June 2024.

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):
Date and signature:	Name (block letters):
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 be sent to InDex Pharmaceuticals Holding AB, Berzelius väg 13, 171 65, Solna, or via e-mail to info@indexpharma.com. The original power of attorney must also be presented at the meetings.

Please observe that sending this power of attorney form is not valid as a notice of participation to the general meetings. Notice of participation must be made in accordance with the instructions found in the notices to attend the general meetings.