

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 Doktorse Nordic AB, reg. no. 559058-0089, at the annual general meeting to be held on Friday 17 April 2026.

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.

Please note that sending in this power of attorney form will not be sufficient in order to give notice of your attendance at the meeting. Shareholders who wish to attend the meeting must also give notice of their attendance in accordance with the instructions to be found in the notice to attend the shareholders' meeting.

A copy of the power of attorney form and documents attesting the authority of the signatory (if applicable) ought to be sent to Setterwalls Advokatbyrå, attn: Olivia Krantz, P.O. Box 1050, SE-101 39 Stockholm, Sweden; and via e-mail to olivia.krantz@setterwalls.se. The original version of the power of attorney form shall also be presented at the meeting.