

Power of Attorney

The below attorney is hereby authorised to represent me/us at the annual general meeting in Episurf Medical AB (publ), 556767-0541, at 10.00 (CET) on 9 April 2018 and vote for all my/our shares held in the abovementioned company.

Attorney

Name of attorney:	Personal ID number:
Address:	
Zip code and city:	
Telephone number (incl. area code):	

Shareholder

Name of shareholder:	Personal/corporate ID number:
Telephone number (incl. area code):	
Place and date:	
Signature:	
Clarification of signature:	

If the power of attorney is issued by an entity, a certified copy of a current certificate of registration for that entity must be enclosed to it. The power of attorney must be dated, signed and submitted in original. To facilitate the registration at the general meeting, the power of attorney should be submitted to the company (in original and including any certificate of authority) in due time prior to the general meeting to the address Episurf Medical AB (publ), Karlavägen 60, 114 49 Stockholm, Sweden.

Please note that shareholders must also notify the company of their intention to participate in accordance with the instructions in the notice to the general meeting even though such shareholders shall be represented by an attorney.