PROXY FORM

The below stated proxy, or anyone appointed by him or her, is hereby authorized to vote for all shares held by the undersigned in ODI Pharma AB (publ), 559223–1392, at the annual general meeting in ODI Pharma AB (publ) on December 15th 2023.

**Proxy**

Personal identity number/Date of birth

Name of the proxy

Address

Phone number

Post code and city

**Signature by the shareholder**

Personal identity number/Date of birth/Corporate registration number

Name of the shareholder

Phone number

Place and date

Signature\*

\*If signing for a company, a clarification of signature shall be included above by the signature and an up to date certificate of incorporation shall be enclosed to the completed proxy form.

Please note that a shareholder shall give the company notice of attendance – as set out in the notice convening the general meeting – even if the shareholder intends to exercise his or her voting rights through a proxy.

The completed proxy form (with any enclosures) should be sent to ODI Pharma AB (publ), Östermalmstorg 1, 114 42 Stockholm, or email info@odipharma.com together with the notice of attendance. For the avoidance of doubt, if the shareholder does not intend to exercise his or her voting rights through a proxy, the proxy form does not have to be sent to the company.

For further questions, please contact info@odipharma.com

Observera att anmälan om aktieägares deltagande vid bolagsstämman måste ske – på det sätt som föreskrivs i kallelsen – även om aktieägaren önskar utöva sin rösträtt genom ombud.

Det ifyllda fullmaktsformuläret (med eventuella bilagor) bör sändas till BIMobject AB, Media Evolution City, Stora Varvsgatan 6a, 211 19 Malmö, tillsammans med anmälan om deltagande. Om aktieägaren inte önskar utöva sin rösträtt genom ombud behöver fullmaktsformuläret naturligtvis inte skickas in.