

PROXY FORM

I hereby appoint the proxy stated below, or whomever he or she may appoint, to vote on my behalf for all my shares in Surgical Science Sweden AB (publ), Reg. No. 556544-8783, at the annual general meeting of Surgical Science Sweden AB (publ) on May 15, 2025.

Proxy

Name of the proxy	Personal identity number/Date of birth
Address	
Postal code and city	Telephone number

Signature by the shareholder

Name of the shareholder	Personal identity number/Date of birth/Registration number
Place and date	Telephone number
Signature*	

*If signing for a company, a clarification of signature shall be included above and an up-to-date certificate of registration (or the equivalent) 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 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 Surgical Science Sweden AB, by post to Surgical Science Sweden AB (publ), att Adele Horn, Drakegatan 7A, SE-412 50 Gothenburg, Sweden, or via e-mail to agm@surgicalscience.com, so that it is received by the company not later than May 14, 2025. If the shareholder *does not* intend to exercise his or her voting rights through a proxy, the proxy form does not have to be submitted.

Processing of personal data

For information on how your personal data is processed, see www.euroclear.com/dam/ESw/Legal/Privacy-notice-bolagsstammor-engelska.pdf.