POWER OF ATTORNEY

The undersigned shareholder hereby authorizes the below proxy to exercise all my/our rights at the extraordinary general meeting in Qlife Holding AB, Reg. No. 559224-8040, on 23 April 2024.

Name of proxy:							
Personal identity number:							
Address:							
•							
Telephone number during office hours:							
Please note that the Power of A	Attorney hc	ıs to be da	ted and signe	d.			
Name of the shareholder:							
Personal identity number/Reg. No. of the shareholder:							
Place and date:							
Signature of the shareholder:							
Clarification of signature:							
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