Proxy form

The following proxy, or whoever he or she appoints, is hereby authorized to vote for all the undersigned's shares in Redsense Medical AB (publ), Reg. no. 556646-4862, at the Annual General Meeting of Redsense Medical AB (publ) on Wednesday 8 May 2024.

|  |  |  |
| --- | --- | --- |
|  | .......................................................................... | .................................................................. |
|  | *(Name of the proxy)* | *(Personal identification number of the proxy)* |
|  |  |  |
|  |  |  |
|  | .......................................................................... | .................................................................. |
|  | *(Address of the proxy)* | *(Telephone number of the proxy)* |
|  |  |  |
|  |  |  |
|  | ......................................................................... | |
|  | *(Postal code and city of the proxy)* |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | .......................................................................... | .................................................................. |
|  | *(Place)* | *(Date)* |
|  |  |  |
|  | ......................................................................................................................................................... | |
|  | *(Name of the shareholder)* |  |
|  |  |  |
|  | ......................................................................... ................................................................... | |
|  | *(Signature)* | *(Name clarification)* |
|  |  |  |
|  | .......................................................................... | .................................................................. |
|  | *(Personal identification number or corporate registration number, of the shareholder)* | *(Telephone number of the shareholder)* |

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

*The completed proxy form (with any enclosures) together with the notice of attendance should be sent in good time before the Annual General Meeting to: Redsense Medical AB (publ), Box 7088, 300 07 Halmstad.*