

Proxy form

The below proxy, or whoever he or she appoints, is hereby authorized to represent all shares that undersigned hold in Redsense Medical AB (publ), Reg. no. 556646-4862, at the Extraordinary General Meeting on Thursday, 24 April 2025 in Redsense Medical AB (publ).

.....
(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 with 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 Extraordinary General Meeting to: Redsense Medical AB (publ), Storgatan 36, 302 43 Halmstad, or [info\(at\)redsensemecical.com](mailto:info(at)redsensemecical.com)