

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, May 28, 2025.

.....
(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), Storgatan 36, 302 43 Halmstad or [info\(at\)redsensemecical.com](mailto:info(at)redsensemecical.com).