

POWER OF ATTORNEY FORM

According to chapter 7, section 54 A of the Companies Act

N.B. This document is an English translation of the Swedish power of attorney ("FULLMAKTSFORMULÄR"), which prevails. The English translation is for convenience only.

Hereby empowered the following representative, or the person he or she puts in his stead, to vote in favour of all signatory shares in 2cureX AB (publ), Org.nr 559128-0077 ("**Company**"), At Extraordinary General Meeting of the company at 2. July 2020.

Agents

Name of delegate	Personal identity number/date of birth
Delivery Address	
Zip code and City	Telephone number

Signature of shareholder

Shareholder's name	Personal identity number/date of birth/registration number
Place and Date *	Telephone number
Signature/Name Clarification *	

*Please note that the power of attorney must be dated and signed. By company subscription the name clarification should be given at the signature and the current registration certificate should be appended to the completed proxy form.

Please note that the notification of shareholder participation at the general meeting must be made – in the manner prescribed in the notice – even if the shareholder wishes to exercise his or her voting rights by proxy.

The completed proxy form (including any appendices) should be sent to the 2cureX AB att:
Ole Thastrup, c/O Mazars SET Revisionsbyrå AB, Box 159, 261 22 Landskrona, Sweden together with the notification of participation. If the shareholder does not wish to exercise his right to vote by proxy the power of attorney form does not need to be submitted.