

POWER OF ATTORNEY FORM

The following shareholder hereby authorises the proxy stated below to represent and vote for all of the undersigned's shares in Meds Apotek AB, reg.no 559093-4575, at the Annual General Meeting on 21 May 2026.

Proxy

Name of the proxy:	Personal identification number/date of birth:
Postal address:	
Post code and post town:	Telephone number:

Shareholder

Name of the shareholder:	Personal identification number/date of birth /corporate identification number:
Postal address:	
Post code and post town:	Telephone number:
Date and signature:	Name clarification:

If the proxy is issued by a legal entity, the proxy must be signed by an authorised signatory and a copy of the certificate of registration or equivalent document of authority must be attached.

Please note that the submission of this proxy form does not constitute a notice of participation at the general meeting.

A copy of the power of attorney and any certificate of registration or equivalent documents of authority should be sent to the company in good time before the meeting to the address Meds Apotek AB, Drivhjulsvägen 42, SE-126 30 Hägersten, Sweden or by email to ir@meds.se.