POWER OF ATTORNEY

for representation at the General Meeting

I. SHAREHOLDER DATA

Name:	
Address:	
Series and number of identity card/passport:	
PESEL:	
Phone:	
Email:	
II. PROXY DATA	
Name:	
Name:	
Series and number of identity card/passport:	
PESEL:	
Phone:	
Email:	
the Proxy to exercise on my behalf all the rights to which I a Ryvu Therapeutics S.A. in accordance with the reg	June 14 th , 2023. This power of attorney authorize m entitled from shares ogistered certificate of the right to participate in the ryu Therapeutics S.A. issued by
nr	
The proxy is authorized/not authorized ¹ to appoint Knowing the criminal consequences of making information is true and correct. Additional Notes:	further proxies. false statements, I/we confirm that the above
Place and date of issue	
Signature of Shareholder	

¹ Delete as necessary.