POWER OF ATTORNEY

for representation at the General Meeting

I. SHAREHOLDER DATA

Name:						
Address:						
Court of Registration and Division:						
KRS no:						
Capital:						
Foreign Entity Registration Data:						
Phone:						
Email:						
II. PROXY DATA						
Name:						
Name:						
Series and number of identity card/pass	sport:					
PESEL:						
Phone:						
Email:						
I hereby grant to the Proxy indicated abo to represent me, a Shareholder, at the registered office in Krakow, Poland, con- the Proxy to exercise on my behalf all the rights to Ryvu Therapeutics S.A. in accordance wi Annual General Meeting	Annual G vened for which I ar ith the reg	eneral M June 14 th m entitleo istered c	leeting of Ryvi , 2023. This po	u Therapeo ower of att	utics S.A. w torney auth	vith its norizes ares of
nr	·•					
The proxy is authorized/not authorized ¹ to Knowing the criminal consequences of information is true and correct. Additional Notes:				e confirm	that the	above
Place and date of issue						

¹ Delete as necessary.

Signature of Shareholder	
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