## **POWER OF ATTORNEY**

## for representation at the General Meeting

## ١. 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/passport:	
PESEL:	
Phone:	
Email:	

I hereby grant to the Proxy indicated above, i.e. \_\_\_\_\_\_, the power of attorney to represent me, a Shareholder, at the Annual General Meeting of Ryvu Therapeutics S.A. with its registered office in Krakow, Poland, convened for June 27th, 2023. This power of attorney authorizes the Proxy

to exercise	on my behalf	all the rights	to which	I am entitl	ed from		shares of		
Ryvu Therap	peutics S.A. in	accordance	with the	registered	certificate of th	ne right to	participate	in the	
Annual	General	Meeting	of	Ryvu	Therapeutics	S.A.	issued	by:	
	nr			_•					

The proxy *is authorized/not authorized*<sup>1</sup> to appoint further proxies.

Knowing the criminal consequences of making false statements, I/we confirm that the above information is true and correct.

Additional Notes:

Place and date of issue \_\_\_\_\_

<sup>1</sup> Delete as necessary.

Signature of Shareholder \_\_\_\_\_