

## **PROXY**

Signed shareholder in Oasmia Pharmace	eutical AB (publ) ("Oasmia"), hereby authorize
Name of Agent	Phone number, day
Postal adress	ZIP code and city
	number of shares owned by the shareholder at the Oasmia mber 29 2014 and also utilize all therein concerned powers at
City and date	Shareholder's signature/authorized signatories
Shareholder	Clarification of name
Shareholder's personal number or organ	nization number Phone number, day

Shareholders who wishes to utilized agents for voting at the Meeting must issue a signed proxy as stated above. The proxy must be brought in original to the Meeting or be sent to Oasmia Pharmaceutical AB before the Meeting.