

# Power of attorney

I/We hereby authorize

.....  
(Name of proxy)

.....  
(Proxy personal identity number)

.....  
(Proxy delivery address)

.....  
(Daytime telephone number)

.....  
(Proxy postal code)

.....  
(Proxy postal address)

to represent me/us and vote on my/our behalf for all my/our shares at the Extraordinary General Meeting of Oasmia Pharmaceutical AB, on 6 November 2019.

.....  
(Place)

.....  
(Date)

.....  
(Name of shareholder)

.....  
(Signature)

.....  
(Name in block letters)

.....  
(Personal identification / Company Reg. No.)

.....  
(Daytime telephone number)

*The power of attorney and, if the power of attorney is issued by a legal entity, a certificate of incorporation, must be sent well in advance of the Extraordinary General Meeting to: Oasmia Pharmaceutical AB, Vallongatan 1, 752 28 Uppsala, Sweden.*