Power of attorney

l/We	hereby authorize	
	(Name of proxy)	(Proxy personal identity number)
	(Proxy delivery address)	(Daytime telephone number)
		(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 Thursday 14 May 2020.	
	(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.