

POWER OF ATTORNEY

According to Chapter 7 section 54a of the Companies Act §

The undersigned holder of shares of NeuroVive Pharmaceutical AB hereby appoint the following representative, or the one he or she may appoint, to vote all shares represented by this Power of Attorney held in NeuroVive Pharmaceutical AB (publ), 556595-6538, at the Annual General Meeting of . NeuroVive Pharmaceutical AB (publ) of March 30 2015.

Proxy

Name of proxy	Personal number/Birth date
Delivery address	
Zip code and City	Telephone number

Shareholder signature

Name of Shareholder	Personal number/Birth date/Organization number
Place and Date	Telephone number
Signature*	

* If signing for a company name has to be printed next to the signature and current certificate enclosed with the complete power of attorney form.

Please note that the shareholder participation at the general meeting must occur – in the manner prescribed in the notice – even if the shareholder wishes to vote by proxy.

The complete Power of Attorney (and any attachment) should be sent to NeuroVive Pharmaceutical AB, Medicon Village, 223 81 Lund, Sweden together with the notice of participation. If the shareholder does not wish to exercise their voting rights by proxy the Power of Attorney does not have to be submitted.