

POWER OF ATTORNEY

According to Chapter 7 Section 54a of the Swedish Companies Act

The undersigned holder of shares of NeuroVive Pharmaceutical AB (publ) 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 27 April 2017.

Proxy

| | |
|------------------|----------------------------|
| Name of proxy | Personal number/Birth date |
| Delivery address | |
| Delivery address | 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.