

Revocation of proxy given to a third party Revocation of power of attorney granted and instructions issued to the Company's proxies

Number AGM ticket: _____ Name / Company: _____

Number of shares: _____ First name: _____

Phone number:* _____ E-mail address:* _____

* voluntary information

To be returned **no later than 14 May 2025, 24.00 hours [midnight] (CEST)**, (receipt) to:

Heidelberg Pharma AG
c/o Link Market Services GmbH
Landshuter Allee 10
81241 Munich
Germany

E-mail: hdpharma@linkmarketservices.eu
Fax: +49 (0)89 889 690 655

Please tick unambiguously:

I/We hereby revoke the authorization granted to the Company's proxies for the Annual General Meeting on 15 May 2025.

I/We hereby revoke the authorization for the Annual General Meeting on 15 May 2025 **granted to**

Last name: _____

First name: _____

Place of residence: _____

Place Date Signature(s) or Person making the declaration (legible)