

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

Details of authorizing person

(please write in block letters)

I / We hereby revoke:

First and last name *

Email address

Phone number

Ticket number

Number of shares

* mandatory

Please mark clearly:

- The power of attorney granted and instructions issued to the Company's proxies for the Annual General Meeting on 23 June 2026.
- The authorization to the below indicated third party for the Annual General Meeting on 23 June 2026:

Details of authorized third party

(please write in block letters)

First and last name / company / institution *

Email address **

Address line **

Postcode **

City / Place of residence (incl. country) *

* mandatory

** recommended details

Place, date

Signature(s) or name of the authorizing person(s) (legible)

Return address: (Please return by **22 June 2026, 24:00 hours CEST, (receipt)** to the following address or email address)

Heidelberg Pharma AG
c/o meet2vote AG
Marienplatz 1
84347 Pfarrkirchen
Germany

Email: hdpharma@meet2vote.de