

Proxy to a person of your choice

Number AGM ticket: _____ Name / Company: _____

Number of shares: _____ First name: _____

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

* voluntary information

To be returned **no later than May 17, 2021, 24.00 hours [midnight] (CEST)**, (receipt) to:

Heidelberg Pharma AG
c/o Better Orange IR & HV AG
Haidelweg 48
81241 Munich
Germany

E-mail: hdpharma@better-orange.de
Fax: +49 (0)89 889 690 655

Note: Please explicitly inform your proxy about the explanations on data protection and the disclosure of personal data.

I/We herewith authorize, if applicable under revoking a former authorization of a proxy,

First name of proxy ***

[Grid of 20 empty boxes for first name]

Last name or Company of proxy ***

[Grid of 20 empty boxes for last name or company]

Street of proxy ***

No ***

[Grid of 20 empty boxes for street]

Country

ZIP Code***

Place of residence of proxy ***

[Grid of 20 empty boxes for country, zip, and residence]

E-mail of proxy

[Grid of 20 empty boxes for email]

*** Mandatory fields

to represent me/us with disclosure of my/our name at the AGM of Heidelberg Pharma AG on May 18, 2021 with the power to delegate the authorization to another person(s) and to exercise my/our voting rights.

Note: After receipt of the power of attorney or the proof of authorization, individual access data to the password-protected internet service will be created for the proxy. These will be sent directly to the proxy if the address details of the proxy are complete. If the address details of the proxy are incomplete, the individual access data of the proxy to the password-protected internet service shall be transmitted to the grantor of the power of attorney for forwarding to the proxy.

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