

REGISTRATION FORM

to the extraordinary general meeting of Pharma Equity Group A/S, Thursday November 2, 2023, at 3:00 PM CET
at Wihlborg's Canteens, Slotsmarken 15, DK-2970 Hørsholm

Please use CAPITAL LETTERS

Name of shareholder:: _____
Address: _____
Zip code and city: _____
Custody account no. or VP
reference: _____

Ordering passes:

Please tick or order directly at: www.pharmaequitygroup.dk or www.euronext.com/cph-agm

- I wish to participate in the extraordinary general meeting and wish to order a pass
- I request a pass for companion/advisor

Name of companion/advisor (please use CAPITAL LETTERS)

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Signature