



PHARMA EQUITY GROUP

REGISTRATION FORM

to the annual general meeting of Pharma Equity Group A/S, Tuesday April 16, 2024, at 3:30 PM CEST
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 annual general meeting and wish to order a pass
- I request a pass for companion/advisor

Name of companion/advisor (please use CAPITAL LETTERS)

| | | | | 2 | 0 | 2 | 4 |

Signature

Euronext Securities, Nicolai Eigtveds Gade 8, DK-1403 Copenhagen K must have received this form no later than **Friday, April 12, 2024 at 11:59 PM** either by email to CPH-investor@euronext.com or by ordinary mail. If you hold a Danish electronic signature, registration may also by the same date be requested electronically on website: www.pharmaequitygroup.dk or www.euronext.com/cph-agm