

Convenience Translation

**ANNUAL GENERAL MEETING ON 26 JUNE 2024
WITHDRAWAL OF POWER OF ATTORNEY**

Person of the declarant

Last name or company*

Number of shares*

First name*

Registration confirmation no.*

Postal code/Place*

* Mandatory fields (Please refer to the admission ticket for the Annual General Meeting, which will be sent to you after proper registration).

Revocation of power of attorney

I/We _____ herewith revoke the power of attorney
given by me/us

on _____ to

the proxies appointed by PharmaSGP Holding SE and bound by instructions, Norma Laaziri,
Munich, and Cosima Neckenig, Munich,

Ms/Mr _____
authorised third party

resident in _____
Postal code/Place

to represent myself/us at the Annual General Meeting of PharmaSGP Holding SE convened for
26 June 2024 and to exercise my/our shareholder rights, in particular my/our voting rights, on my/our behalf.

Place, Date

Signature(s)/Person of the declarant