

PROXY FORM

Annual General Meeting of Eevia Health Oy 2020

I/We, the undersigned, being a shareholder of Eevia Health Oy (2825194-4, hereby appoint

.....,
 or his/her order, as my/our proxy to attend and vote on my/our behalf with all shares I/we hold at the Annual General Meeting of Eevia Health Oy convened to be held on April 28, 2020, at 12:00 pm.

Voting Instructions:

The proxy to vote concerning the proposed resolutions is furnished with instructions, as indicated by the checks (X) in the appropriate box below. If there is no check any boxes below, the proxy-holder will vote for the decision proposals contained in the notice to the Annual General Meeting.

To the extent the voting instructions contain opposing votes, the opposition will be recorded in the meeting minutes in conjunction with the agenda item concerned.

Resolution item	For	Against	Abstain
1. The convening of the meeting by the Board of Directors and acceptance of proxies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The decision on agenda and persons to sign the protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Approval of financial statements for 2019 and auditor’s reports and adoption of the financial statements and measures for the profit or loss noted in the confirmed balance sheet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Discharge of liability for the Board and Chief Executive Officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Election of Board of Directors members and Chairman of the Board and decision on board compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Appointment of the auditor and the auditor’s numeration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Establishment of a Charter of the Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other issues (as announced)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Place and date _____ / _____ 2020

 Signature by signature-holder of shareholder

 Printed name of the shareholder

When you have completed and signed this proxy form, **please return** it together with proof of signature rights for the proxy-issuer, by e-mail to Eevia Health Oy on info@eeviahealth.com before or at latest 12:00 Friday, April 24, 2020.