Extraordinary General Meeting of Captor Therapeutics S.A. convened on 20 March 2024.

POWER OF ATTORNEY FORM

	We) the undersigned, being a shareholder / representing a shareholder** of Captor Therapeutics S.A. sed in Wrocław (the "Company"), hereby declare that:
	("Shareholder")
	(name and surname / business name and registered office of the Shareholder)
	owns Companyshares
	(number)
ar	nd hereby authorise(s)*:
	Ms./Mr, holding an identity card/passport/other official ocument proving identity ** with the number, issued by
-	Proxy ") to act in accordance with the instructions as to how to vote set out below / at the discretion of e Proxy **, to the extent described below.
O	r:
О	(name / company) based at
	ddress: (" Proxy ") to act in accordance with the instructions as to bw to vote set out below / at the discretion of the Proxy**, to the extent described below.
Α	ctorney has the right to grant further powers of attorney? o Yes o No
	arsuant to Article 412^2 § 3 and Article 413 § 2 of the Commercial Companies Code, if a proxy at a general eeting of a public company is:
a)	a member of the board of directors, a member of the supervisory board, a liquidator, an employee of a public company or a member of the bodies or an employee of a company or
	a cooperative subsidiary of that company, or
b)	other Shareholder, and the agenda of the General Meeting includes the adoption of a resolution on the liability of that proxy to the Company, including the discharge of the proxy, the release of the proxy from liability to the Company or a dispute between the proxy and the Company,

A power of attorney may authorise representation at only one general meeting.

The proxy referred to above is required to disclose to the Shareholder granting the proxy the circumstances indicating the existence or possibility of a conflict of interest. <u>The granting of a further proxy is then excluded.</u>

Scope of empowerment:

The proxy is authorised to represent the Shareholder at the Annual General Meeting of the Company

This proxy covers all shares held by the Shar	eholder*?	
o Yes o No		
This power of attorney covers shares held by Shareholder ***. Details of the Shareholder / persons authorised to represent the Shareholder:		
Name:	Name:	
Company (name) ****:	Company (name) ****:	
Function****:	Feature****:	
Address:	Address:	
Caption:	Caption:	
Town:	City:	
Date:	Date:	
* Tick the appropriate box.		
** Delete where not applicable, in the case document.	e of other proof of identity, please indicate the name of the	

*** To be completed only if this proxy does not cover all the shares held by the Shareholder.

**** To be filled in only if the proxy is a legal person or an organisational unit without legal personality.

convened on 20 March 2024 in Wrocław (the "Meeting").