





## SUBSCRIPTION FORM FOR SUBSCRIPTION OF SHARES WITHOUT SUBSCRIPTION RIGHTS IN STAYBLE THERAPEUTICS AB

Subscription period:	3 February – 17 February 2021								
Subscription price per share: SEK 6.00							PLEASE NOTE		
Allocation:	Any allotment will be notifie	ail			Subscribers who have a custody account or account with specific rules, such as an ISK/KF account, the subscription must be made in agreement with the bank/trustee				
Payment:	To be made in accordance with instructions on the settlement note.								
•					annidar all ralayant		that holds the acc		
In an assessment of Stayble The Each investor must make their ov published concerning this offer. I www.staybletherapeutics.com.	vn assessment of the impact of	these risks by readir	ng and under	rstanding all a	available information				
<b>1.</b> The undersigned here shares in Stayble Therap					Number of shares	5			
, ,		•	•		ico account or o	sustady ass	ount (state only one s	oltornativo):	
2. Fill in where the allotted and paid for shares (BTA) are to be delivered,				Bank/Trustee					
000									
Custody account				Bank/ Trustee					
<b>3.</b> The undersigned clain allocation of shares subsrights in the rights issue, shares you have subscril	cribed for without subscin relation to the number	cription rights wer of subscription rights in this r	vill be give on rights b	en to inves being exer	stors who have cised. Invoke th	also subsc nis preferent trustee via	ribed for shares with tial right by filling in t which such subscript	subscription he number of	
Number of shares		Bank/Trustee				VP-/Service ad	ccount/Custody account		
<b>4.</b> How many times have	You invested through N	Nordic Issuing t	he last tw	o (2) year:	rs?		0-9	10 or more	
		<b>" 1 0 0 0 0 0 0 0 0 0 0</b>							
<b>5.</b> Subscription over 15 (	_								
If the subscription amounts to o out and signed with BankID or N									
laundering form before the subs		3 3		,			3	,	
<b>6.</b> Fill in your name and a	address information (PLI	FASE WRITE C	I FARIY)						
Last name/company name First name				National ID number/Corp.ID.no.					
Street address (or PO Box or eq	iivalent)			Daytime tele	enhone		NID-number (private pers	on)*/LEL (company)**	
					-,			, , (,	
Postal code	City		Country (if	other than Sv	weden)	E-mail (ma	andatory!)		
Place and date				Signature (a	authorized company	signature, or g	uardian, if applicable)		
	ical persons, required when sub	scribing for, trading,	buying, sellir	ng and movin	ng securities. Please	fill in if you hav	e dual citizenship or citizens	hip outside	
	gal persons, required when subs conduct directly through compa			ng and movin	g securities. Applica	tion for LEI-cod	de can be made with suppor	t from your	
<b>7.</b> By signing this subscr	iption form I confirm the	following:							
That I have read the prospec	•	•	ated with inv	esting in this	particular financial	instrument;			
That I have read and underst				-					
That I have read and accepte	d the information stated on the	subscription form;							
That no modifications or ame	endments may be made to the p	orinted text in this su	ubscription f	orm;					
That an incomplete or incorre	ect subscription form may be di	sregarded;							
That I am aware that no cust	omer relationship exists betwee	en Nordic Issuing ar	nd the subsc	riber with res	spect to this subscri	ption;			
<ul> <li>That I am aware that Nordic subscribing;</li> </ul>	Issuing will not make any asses	ssment of whether t	he subscript	ion to the ins	trument in question	is suitable for	me or the person on whose	behalf I am	
<ul> <li>I have observed that the offe where participation requires</li> </ul>	r is not addressed to persons re additional prospectus, registrat						Kong, Switzerland, Singap	ore or other countries	
O That I am aware that the app		ght of return that fol	llows from th	ne Swedish D	istant and Doorste	p Sales Act;			
That the subscription is bindi	_								
<ul> <li>That in signing this subscript prospectus issued by the boa</li> </ul>	ion form, I authorize Nordic Isso ard of directors of Stayble Thera			ise, to implem	nent the subscriptio	n of shares pui	rsuant to the terms and con	ditions stated in the	
That personal data will be sto				_		1 10 1			
<ul> <li>That I am aware that I am only allowed to submit one subscription form per signatory. In case several subscription forms are submitted, only the last received will be considered;</li> <li>That the allocation of shares in accordance with the subscription cannot be guaranteed.</li> </ul>									
		_		orm === !	be used for	nicotic '	ling offers in the file		
By cnecking this box, the s	ubscriber agrees that informatio	on provided on the si	upscription fo	orm may also	be used for commu	riication regard	iing oπers in the future.		
<b>8.</b> Send the application f	orm by one of the follow	vina options:							

Mail: Subject: Stayble Therapeutics AB Nordic Issuing Norra Vallgatan 64 211 22 Malmö **E-mail:** info@nordic-issuing.se Web site: www.nordic-issuing.se

Other questions: Phone: 0046 40-632 00 20