Initiator Pharma



Subscription	torm	– tor	sub	scrip	οπο	n c	of un	its <u>\</u>	<u>with</u>	uni	it rign	its in	Initia	ator	Pha	ırma <i>F</i>	1/5				
Subscription period	d:	June	2 – Ju	ne 16	202	0											DLEASE NOTEL				
Trading in unit righ	June	June 2 – June 12 2020													PLEASE NOTE! Subscription of units can only be made through						
Subscription price	t: SEK 9	9.80													this subscription form by anyone whose unit rights are directly registered at a VP-/Service					e unit	
Payment day:			nd su	bscrii	ptio	n forn	shall	be Se	derm	nera For	ndkomi	mission	n at								
	•	hand no later than the June 16 2020.													account. If your unit rights are held in a custody account, please contact your bank/trustee for						
must make their own assessment of the impact of thes				oment and operations, it is of great importance to consider all relevant risks. Each investor e risks by reading and understanding all available information published concerning this ww.sedermera.se, www.spotlightstockmarket.com and at www.initiatorpharma.com.												instructions on how to subscribe for units by exercising your unit rights.					its by
1. Shareholders in Euro to be exercised. Each u hereby subscribes for, t	init consi through s	ists of tw	o (2) n	ew sha	ares a	nd th	nree (3) wing n	warra	nts of of unit	series s at a p	TO 2. Eac price of S	ch warra	ant is issi	ued fre	e of pa	ayment. T narma A/S	he price :	per sh	are is SE	-	
Number of unit rights exercised						er of u	nits subsc	ribed (nu	nber of u	nit rights,	s/ 34 x 1)	34 x 1) Tot				ount SEK (sub	scribed for u	ınits x 9.80))		
VP-/service account where unit rights are held											Bank/Trus	Bank/Trustee									
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2. Have you, through So for the last five (5) year Yes No Subscription over 15 If the subscription is over BankID or NemID.	rs? : 000 EUR	10?									·				-						·
4. Fill in your name and	d address	informa	tion (P	LEASE '	WRITI	E CLE	ARLY)														
Last name/company							Fi	rst name								National ID number/Corp.ID.no.					
Street address (or PO Box or eq	D	aytime te	lephone							IID-number (private person)/LEI* (company)											
Postnummer	Ort							ountry (if	other tha	n Sweder	n)	E-n				mail (mandatory)					
Place and date							Si	Signature (authorized company signature, or guardian, if applicable)													

5. By signing this subscription form I confirm the following:

- That I have read the memorandum (Swedish use) and understand the risks associated with investing in this particular financial instrument;
- That I have read and understand the information stated in the section "Terms and Conditions" in the memorandum;
- That I have read and accepted the information stated on the subscription form:
- That no modifications or amendments may be made to the printed text in this application form;
- · That an incomplete or incorrect subscription form may be disregarded;
- That I am aware that no customer relationship exists between Sedermera Fondkommission and the subscriber with respect to this subscription;
- That I am aware that Sedermera Fondkommission will not make any assessment of whether the subscription to the instrument in question is suitable for me or the person on whose behalf I am subscribing;
- I have observed that the offer is not addressed to persons resident in the USA, Australia, Japan, Canada, New Zealand, South Africa, Hong Kong, Switzerland, Singapore or other countries where participation requires additional prospectus,
- registration or other measures other than those required by Swedish and Danish law;
 That I am aware that the application is not covered by the right of return that follows from the Swedish Distant and Doorstep Sales Act.
- That the subscription is binding;
- That in signing this subscription form, I authorize Sedermera Fondkommission, at the undersigned's expense, to implement the subscription of units pursuant to the Terms and Conditions stated in the memorandum issued by the board of Initiator Pharma A/S in May 2020;
- · That personal data will be stored and processed in accordance with the General Data Protection Regulation (GDPR);

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6. Send the application form by one of the following options:

Subject: Initiator Pharma Sedermera Fondkommission Norra Vallgatan 64 211 22 Malmö

E-mail: issuingservices@sedermera.se

0046 40 -54 90 79

Other questions:

Telefon: : 0046 40-615 14 10 Web page: www.sedermera.se

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