Initiator Pharma



Subscription form - for subscription of units without unit rights in Initiator Pharma A/S

Subscription perio	d:		2 ju	ni –	16 ju	ıni 20	20													
Subscription price	per	unit:	SEK	9.80)											Please note				
Allocation:			Any	allo	tme	nt wil	l be n	otifi	ed vi	a a s	ettler	nent	note via e-mail			Subscribers who has a custody account or account	ount, the			
Payment:			To k	oe m	ade	in acc	orda	nce	with i	nstr	uction	ns on	the settlement note.			with specific rules, such as an ISK/KF account, the subscription must be made in agreement with the				
must make their own asse	ssmen	t of the	impact	of the	se risk	s by red	ading ar	nd una	lerstand	ding all	availal	ble info	nsider all relevant risks. Each inve ormation published concerning th ad at www.initiatorpharma.com.	his		bank/trustee that holds the account.				
	unit. I	Each u	nit con	sists	of tw	o (2) s		_					iator Pharma A/S at a subs ies TO 2. The price per shar	-		Number of units				
	otted	and p	aid for	units	(BTL	J) are t	to be d	lelive	red, V	P-/Se	rvice a	ccour	nt or custody account (state	e only	y <u>one</u>	e alternative):	_			
VP-/Service account	0	0	0										Bank/Trustee							
Custody account									_				Bank/Trustee							
	1								l											
without unit rights wi	ll be	given t	to inve	stors	who	have a	lso sul	bscrik	ed fo	r units	with	unit r	ights in the rights issue, in r	relati	tion to	scribed, priority in allocation of units subscribed for o the number of unit rights being exercised. Invoke tl bank/trustee via which such subscription was made:	nis			
Number of units							Ban	nk/Trust	ee					VP-/S	/Service	e account/Custody account				
for the last five (5) year Yes No	ars?			ommi	ission	, inves	ted te	n (10) time:	s duri	ng the	last t	welve (12) months, or inves	ested	l thro	ugh Sedermera Fondkommission six (6) times each y	ar			
NemID.	ver 1	5 000 I	EURO,							:s a m	oney l	aunde	ering form be fulfilled, which	h can	n be fo	found on the following <i>link</i> , and be signed with BankID	or			
6. Fill in your name an	nd add	dress i	ntorma	ation	(PLEA	ASE WI	RITE CI	LEARI	First r	2000					Nation	nal ID number/Corp.ID.no.				
Last name/company									111361	ianic					Nation	на в попостустравно.				
Street address (or PO Box or e	equivale	ent)							Dayti	me tele	ohone				NID-ni	number (private person)/LEI* (company)				
Postnummer	Oi	rt							Coun	try (if ot	her than	Sweden))		E-mail	il (mandatory)				
Place and date									Signa	ture (au	thorized	compan	y signature, or guardian, if applicable)	<u> </u>						
																itizenship outside Sweden and Denmark. LEI is a global ID-code for <i>le</i> possible to conduct directly through companies providing LEI-codes.				

7. Genom undertecknande av denna anmälningssedel medges följande:

- 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
- 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);
- 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;
- That the allocation of units in accordance with the subscription cannot be guaranteed.

following options:					
Mail:	Subject: Initiator Pharma Sedermera Fondkommission Norra Vallgatan 64 211 22 Malmö				
E-mail:	issuingservices@sedermera.se (inskannad anmälningssedel)				
Fax:	0046 40 -54 90 79				
Other questions:	Telefon: 0046 40-615 14 10 Web page: www.sedermera.se				