INVENT MEDIC **SWEDEN**



Allocation: Any all Payment: To be I In an assessment of Invent Medic Sweden investor must make their own assessment or this offer. The prospectus is available for do is not to be made in conjunction with the allotted and as a subscription provided in the prospectus of the prospect	0.50 per unit lotment of units will made in accordance ABs future development and fthe impact of these risks by symload at www.sedermera. poplication for subscription. Ar plies for subscriptio rice of SEK 40.50 per fice per share is SEK d paid for units are to	be notified via a settlem with instructions on the loperations, it is of great important eading and understanding all available, www.spotlightstockmarket.com any allotment is notified via a settlem of the following number unit. Each unit consists (6.75 and each warrant	settlement note. settlement note. se to consider all relevant risks. Each ble information published concernin, and at www.inventmedic.se. Paymen ent note er of units in Invent Medics of six (6) shares and thare issued free of payments.	such as an ISK/KF account, the subscription must be made in agreement with the bank/ trustee that holds the account. Number of units Number of units	
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Do you have an account at No	rdnet or Avanza? Pl	ease, contact your respe	ective bank to make you	r subscription directly via Nordnet or Avanza.	
of units subscribed for without	unit rights will be gi exercised. Invoke tl	ven to investors who having preferential right by f	ve also subscribed for un illing in the number of ur	that the offer is oversubscribed, priority in allocation its with unit rights in the rights issue, in relation to nits you have subscribed for with unit rights in this	
Number of units Bi		ank/Nominee		Owner-registered securities account/Custody account (Swedish: VP-account)	
4. Subscription over 15 000 EU f the subscription is over 15 00 1) A money laundering form be	JRO? OD EURO, or if the ai fulfilled which can l D (Passport) must be sent to Sedermera	nswer on question 3 is Ye be found on the following e sent to Sedermera Fond Fondkommission via pos	es, the following shall be g link: www.sedermera.se kommission by <u>post</u> to th	e. ne below stated address, during the subscription period	
Last name/company		First name		National ID number/Corp.ID.no.	
Street address (or PO Box or equivalent)		Daytime telephone/mobile pl	none	NID-number/LEI*	
Postal code City		Country (if other than Sweder	n)	E-mail (mandatory!)	
Place and date		Signature (authorized compa	Signature (authorized company signature, or guardian, if applicable)		
s the same as your ID no/CPR together with EI is a global ID-code for legal persons, requ lirectly through institutions providing LEI-co	the country code (SE/DK). Pe ired when subscribing for, tra	rsons with more than one citizensh Iding, buying, selling and moving sec Global Legal Entity Identifier Foun	ip are advised to contact their local curities. Application for LEI-code cal	o your citizenship. If you have only a Swedish or Danish citizenship, your NID bank for support. n be made with support from your bank, but is also possible to conduct	

- That I have read and accepted the information stated on the subscription form;
- 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 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 prospectus (Swedish use) issued by the board of Invent Medic Sweden AB in February 2020;
- That no amendments or additions may be made to the printed text in this subscription form;
- That an incomplete or incorrect subscription form may be disregarded;
- That it is only permissible to submit one subscription form. In the event that more than one subscription form is submitted, only the
- one last received will be considered;
 That the allocation of units in accordance with the subscription cannot be guaranteed;
- That no modifications or amendments may be made to the printed text in this application form;
 That personal data supplied in connection with the assignment will be stored and processed by Sedermera Fondkommission for the purpose of administering this assignment;
- That personal data will be stored and processed in accordance with the General Data Protection Regulation (GDPR).

following options

Object: Invent Medic Sweden Mail: Sedermera Fondkommission

Norra Vallgatan 64, 211 22 Malmö E-mail: issuingservices@sedermera.se

Fax: 0046 40-54 90 79

Questions, Phone: 0046 40-615 14 10 please call:

By checking this box, the subscriber agrees that information provided on the subscription form may also be used for communication regarding offers in the future.

MONEY LAUNDERING CHECK - NATURAL PERSON/ LEGAL ENTITY

In accordance with the Swedish act (2017:630) on measures against money laundering and terrorist financing

With reference to applicable regulations for the financial markets, including the rules on measures against money laundering and terrorist financing, the Swedish Financial Supervisory Authority (Finansinspektionen) has issued special regulations for supervised investment companies. The rules require investment companies to verify the identity of the parties with whom they transact business or for whom they perform transactions in accordance with a specifically prescribed arrangement.

Do you have any questions on how to fill out the form? Please call us on +46 (0) 40-615 14 10, and we will assist you.

Note! If	you are a natural	person and not a com	pany, please	proceed to control	questions below.

Beneficial owner*	1 71							
Natural person (first name and sur	name)	Personal ID number	Ownership (%)	Share of votes (%)				
Natural person (first name and surname)		Personal ID number	Ownership (%)	Share of votes (%)				
Natural person (first name and surname)		Personal ID number	Ownership (%)	Share of votes (%)				
*Beneficial owners are:								
• Natural persons who, alon		tely own more than 25% of the votes in the legal						
Natural persons who, alon Natural persons who alon	e or with related persons, has the	e right to elect or dismiss more than 50% of the sult of agreement with owners, members, the le	e legal entity's board members or e	equal executives.				
		ne company in accordance with the above.	egai entity, regulations in the article	es of association, company				
There are no honoficial	owners in secondance with the s	have Sadarmara Fandkammissian will therefor	a cancidar the company's Chairm	an of the Reard CEO or other				
equivalent executive as t		bove. Sedermera Fondkommission will therefor	e consider the company's Chairm	an of the board, CLO of other				
If the ownership structur	e is complex or comprises a num	nber of ownership levels, or the legal entity is ow	ned by a foundation, please contac	ct Sedermera Fondkommission.				
Control questions relating t	o measures against money laun	dering and terrorist financing						
1. What is the purpose with t								
Savings/investment	Securities trading	Other - please specify:						
2. Origin of the capital (mu	ltiple options are possible)							
Old savings	Capital income	Bonus Sale of property/co	ompany					
Investments	Salary/pension	☐ Inheritance/gift ☐ Company revenue	Other - please specify:					
3. What amount are you/ th	ne company planning to invest t	hrough Sedermera annually?						
1-50 000 SEK	150 000-500 000 SEK		000 SEK or more.					
50 000-150 000 SEK	500 000-1 000 000 SEK	3 000 000-5 000 000 SEK Please	specify amount:					
4. PEP – Politically expose	d persons							
Have you/ any of the benefi	icial owners or any of the compa	ny's representatives (such as the CEO, board n		zed signatories), any of their				
employees or any of their in	nmediate family members been a	a politically exposed person (PEP*) in the last 18	3 months?					
Yes No If the	answer is Yes, please specify: Fur	nction:	Country:					
The person's name and your relat	ionship (if the person who held the fu	nction is someone other than yourself):						
		, or has held, an important public function in a go						
ramily members and close co	illeagues snould also be treated as	s PEPs. Examples are heads of state and of gove	rnment, ministers, judges, ambassa	dors and members of parliament.				
5. Operations in high-risk j	urisdictions or a jurisdiction aga	inst which the EU or UN has decided on sanct	ions	. C : I I V				
Ethiopia, Uganda, North Ko	operations in any of the following rea, Sri Lanka, Pakistan, Trinidad	g high-risk jurisdictions; Afghanistan, Bosnia an I and Tobago or a jurisdiction against which the E	d Herzegovina, Guyana, Laos, Var EU or UN has decided on sanctior	iuatu, Syria, Iran, Iraq, Yemen, is?				
	, , , , , , , , , , , , , , , , , , ,							
Yes No If the	answer is yes, please specify country	y:						
SIGNATURES								
The form must be signed an to the e-mail address listed		nned identity form and authorization document	(such as a certificate of incorpora	tion or a valid power of attorney),				
to the comandaress isseed								
		mission by mail to the following address: Norra V ense or identity card issued by Swedish authoriti						
	s, please provide passport or EU		es of Swedish certified identity car	d. For persons who doesn't have				
Documents to attach Natura	al Person: Documents	to attach Legal Entity:						
	 A copy of the Identity document. A copy of the identity document for authorized A copy of a valid power of attorney or a certificate of incorporation 							
	representat	tives	(No more than 1 month old)					
Signatures								
Place and date		Signature of the Party/ Authorized signatory	Print name/s					
	I confirm that all questions h	ave been answered correctly and I will inform Se	edermera in the event of any chang	ges.				