



Bahamas International Securities Exchange

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#8 Village Gardens
Village Road & Village Gardens
P. O. Box EE-15672, Nassau, Bahamas
Telephone: (242) 394-2503 Facsimile: (242) 323-2320
Email: info@bisxbahamas.com Website: www.bisxbahamas.com

DIVIDEND DECLARATION FORM
BISX RULES, SECTION 7, SUBSECTION 2.1(1)(iv)

This form must be completed and filed with BISX whenever a Listed Company declares a dividend.

Table with 2 columns: Item Number and Description, and Value. Items include: COMPANY NAME: DOCTORS HOSPITAL HEALTH SYSTEM LIMITED; 1: Date approved by board: DECEMBER 5, 2016; 2: Publication / Notice Date (Attach copy): DECEMBER 13, 2016; 3: Record Date: DECEMBER 21, 2016; 4: Date Payable: DECEMBER 28, 2016; 5: Shares Issued & Outstanding: 9,971,634; 6: Dividend Per Share (\$): B\$ 0.04; 7: Dividend Paid YTD (\$): \$ 598,298.04

Date: DECEMBER 5, 2016

Signed by: (Please Print) PATRICIA SIMMMONS

Signature: [Handwritten Signature]
(Director, Corporate Secretary or Authorized Representative*)

* If signed by an Authorized Representative, a copy of the Resolution referencing the change must also be submitted with this form.

Table for official use only with checkboxes for: Form Dated and Signed, Copy of Notice attached, Correction Required, Proper Notice Provided, Market Control Review & Signoff, Public Disclosure Verified, Legal & Compliance Review & Signoff.