



Bahamas International Securities Exchange

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#8 Village Gardens
Village Road & Village Gardens
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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: Field Name and Value. Fields include: COMPANY NAME (DOCTORS HOSPITAL HEALTH SYSTEM LIMITED), Date approved by board (OCTOBER 22, 2018), Publication / Notice Date (OCTOBER 25, 2018), Record Date (NOVEMBER 2, 2018), Date Payable (NOVEMBER 9, 2018), Shares Issued & Outstanding (9,971,634), Dividend Per Share (\$) (B\$ 0.02), Dividend Paid YTD (\$) (\$598,298.04)

Date: OCTOBER 22, 2018

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 3 columns and 3 rows. Rows include: Form Dated and Signed, Proper Notice Provided, Public Disclosure Verified, Copy of Notice attached, Market Control Review & Signoff, Legal & Compliance Review & Signoff, and Correction Required.