



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 (June 27, 2019), Publication / Notice Date (July 1, 2019), Record Date (July 2, 2019), Date Payable (July 9, 2019), Shares Issued & Outstanding (9,971,634), Dividend Per Share (\$) (B\$ 0.04), Dividend Paid YTD (\$) (\$398,865.36)

Date: July 1, 2019

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.

For Official Use Only table with 3 columns: Form Dated and Signed, Copy of Notice attached, Correction Required, Proper Notice Provided, Market Control Review & Signoff, Public Disclosure Verified, Legal & Compliance Review & Signoff.