

Bahamas International Securities Exchange
#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.

i ind	COMPANY, NAME:	DOCTORS HOSPITAL HEALTH SYSTEM LIMITED	
1	Date approved by board	February 22nd, 2021	
2.	Publication / Notice Date (Attach copy)	February 24th, 2021	
3:	Record Date	March 5th, 2021	
4.	Date Payable	March 10th, 2021	
5:	Shares issued & Cutstariding	9,971,634	
6.	Dividend Per Share (5)	B\$ 0.07	
7:	Dividend Paid YTD (\$)	0	

5: Sharek lesued & Outstanding	9,971,634	
6: Dividend Per Share (5)	B\$ 0.07	
7: Dividend Paid YTD (\$)	0	
Date: February 22nd, 2021		
Signed by: (Please Print) PATRICIA	SIMMMONS	
Signature: Signature:	5	
(Director, Corporate Secretary or Auth	norized Representative*)	
* If signed by an Authorized Represent also be submitted with this form.	ative, a copy of the Resolution	referencing the change must
For Official Use Only		
	opy of Notice attached	Correction Required
Proper Notice Provided M	arket Control Review & Signoff	
Bublic Disclosure Verified 1 a	roal & Compliance Review & Signoff	