

For Official Use Only

Form Dated and Signed 🗔

Proper Notice Provided
Public Disclosure Verified

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.

	COMPANY, NAME:	DOCTORS HOSPITAL HEALTH SYSTEM LIMITED
1:	Date approved by board	December 6th, 2021
2:	Publication / Notice Date	December 7th, 2021
3:	Record Date	December 21st, 2021
4	Date Payable	December 22nd, 2021
5:	Shares issued & Outstanding	11,971,634
6:	Dividend Per Share (\$)	B\$ 0.05
7	Dividend Paid YTD (\$)	

Date: December 6th, 2021
Signed by: (Please Print) PATRICIA SIMMMONS
Signature:
' If signed by an Authorized Representative, a copy of the Resolution referencing the change must

Copy of Notice attached \square

Market Control Review & Signoff [

Legal & Compliance Review & Signoff [

Correction Required \Box