



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.

<b>COMPANY NAME:</b>		DOCTORS HOSPITAL HEALTH SYSTEM LIMITED
<b>1:</b>	<b>Date approved by board</b>	19th August, 2024
<b>2:</b>	<b>Publication / Notice Date (Attach copy)</b>	10th September, 2024
<b>3:</b>	<b>Record Date</b>	9th September, 2024
<b>4:</b>	<b>Date Payable</b>	17th September, 2024
<b>5:</b>	<b>Shares Issued &amp; Outstanding</b>	11,971,634
<b>6:</b>	<b>Dividend Per Share (\$)</b>	B\$ 0.07
<b>7:</b>	<b>Dividend Paid YTD (\$)</b>	

Date: 19th August, 2024

Signed by: (Please Print) PATRICIA SIMMMONS

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		
Form Dated and Signed <input type="checkbox"/>	Copy of Notice attached <input type="checkbox"/>	Correction Required <input type="checkbox"/>
Proper Notice Provided <input type="checkbox"/>	Market Control Review & Signoff <input type="checkbox"/>	
Public Disclosure Verified <input type="checkbox"/>	Legal & Compliance Review & Signoff <input type="checkbox"/>	