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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.

COMPANY NAME:		Doctors Hospital Health System Limited	
1:	Date approved by board	30 th September, 2025	
2:	Publication / Notice Date (Attach copy)	2 ND December, 2025	
3:	Record Date	8 th December, 2025	
4:	Date Payable	17 th December, 2025	
5:	Shares Issued & Outstanding		
6:	Dividend Per Share (\$)	\$0.02	
7:	Dividend Paid YTD (\$)	\$838,014.00	

Today's Date:1 st December, 2025	
Signed by: (Please Print)Patrricia Simmons	
Signature: Note Note (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 \square	Copy of Notice attached	Correction Required
Proper Notice Provided	Market Control Review & Signoff	
Public Disclosure Verified	Legal & Compliance Review & Signoff	