

Registration Form for Authorized Signatory of Juristic Person Shareholder,  
Or Administrator of the Estate, and Guardian / Curator of the Shareholder



Written at .....

Date: .....Month: .....Year: .....

Shareholder Name \* .....

Tax ID Number / ID card Number \* .....Nationality.....

Address.....

A shareholder of the Param 9 Hospital PLC. By holding ordinary shares in the total amount of \* .....shares/units  
and vote equal to \* .....units

Status of the representative (please X where applicable) \*

- The Authorized Signatory of Juristic Person shareholder
- The Administrator of the Estate of the deceased shareholder
- The Guardian / Curator of Incompetent person/quasi-incompetent person shareholder

Representative Name \* .....Nationality.....ID Card Name \* .....

Address.....

Email Address \* ..... Mobile Phone (for receiving OTP) \* .....



Signature..... Authorized Signatory/Administrator of the  
Estate/Guardian/Curator  
(.....)

- Remark: (1) Please correctly and completely fill in the form, especially those specified with (\*). Otherwise, the Company shall not be able to send you the Username & Password and OTP for logging-in to the electronic meeting system; and
- (2) Please send this filled in form together with supporting documents as indicated in the Enclosure 9, clause 9.2 – 9.5, by 22 April 2024, 17:00 hours. through the following channels:
- By Send to email : legal@param9.com; or
  - By postage using the provided envelope (without affixing the postage stamp)