

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



Written at

Date:Month:Year:

Shareholder Name *.....

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

Address.....

A shareholder of the Praram 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, the documents must arrive at the company by April 23, 2026, at 17.00 hours, via the following channels:

- 1) By email: legalpr9@praram9.com ; or
- 2) By postal mail: Praram 9 Hospital Public Company Limited
Legal and Compliance Department
99 Rama 9 Road, Bangkapi Subdistrict, Huai Khwang District
Bangkok 10310