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PERFECT MEDICAL HEALTH MANAGEMENT LIMITED

完美醫療健康管理有限公司

(Incorporated in the Cayman Islands with limited liability)

(於開曼群島註冊成立之有限公司)

(Stock Code: 1830)

(股份代號：1830)

FINAL DIVIDEND OF HK7.1 CENTS PER SHARE FOR THE YEAR ENDED 31 MARCH 2022 IN THE FORM OF CASH DIVIDEND WITH SCRIP OPTION  
截至二零二二年三月三十一日止年度之末期股息每股7.1港仙，以現金形式支付，惟股東可選擇收取代息股份

ELECTION FORM

選擇表格

IF YOU WISH TO RECEIVE ONLY CASH FOR THE FINAL DIVIDEND FOR THE YEAR ENDED 31 MARCH 2022, DO NOT COMPLETE AND RETURN THIS ELECTION FORM  
如擬就截至二零二二年三月三十一日止年度之末期股息全部收取現金者，不用填寫及交回本選擇表格

IF YOU WISH TO RECEIVE SCRIP SHARES FOR THE FINAL DIVIDEND FOR THE YEAR ENDED 31 MARCH 2022 OF HK7.1 CENTS PER SHARE EITHER IN WHOLE OR IN PART, YOU MUST COMPLETE AND SIGN THIS ELECTION FORM AND RETURN IT TO THE COMPANY'S BRANCH SHARE REGISTRAR, TRICOR INVESTOR SERVICES LIMITED, AT 17/F, FAR EAST FINANCE CENTRE, 16 HARCOURT ROAD, HONG KONG, BY 4:30 P.M. ON THURSDAY, 15 SEPTEMBER 2022. IF THIS ELECTION FORM IS NOT COMPLETED CORRECTLY AND RETURNED BY SUCH TIME AND DATE, ALL OF YOUR FINAL DIVIDEND WILL BE PAID WHOLLY IN CASH.

如閣下擬就全部或部份截至二零二二年三月三十一日止年度之末期股息每股7.1港仙選擇收取代息股份，則須於二零二二年九月十五日(星期四)下午四時三十分前將本選擇表格填妥並交回本公司之股份過戶登記分處卓佳證券登記有限公司，地址為香港夏慤道16號遠東金融中心17樓。倘未有正確填寫及於上述時間及日期前交回本選擇表格，則閣下之全部末期股息將以現金悉數派付。

PART 1 YOUR DETAILS

第一部份 個人資料

BOX A 甲欄	NAME(S) AND ADDRESS OF REGISTERED SHAREHOLDER(S) 登記股東的姓名及地址

BOX B 乙欄	NUMBER OF SHARE(S) HELD ON THE RECORD DATE, 24 AUGUST 2022 於記錄日期 (即二零二二年八月二十四日) 持有的股份數目
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PART 2 ELECTION FOR CASH ONLY

第二部份 選擇只收取現金

IF YOU WISH TO RECEIVE ONLY CASH FOR THE FINAL DIVIDEND, YOU DO NOT NEED TO TAKE ANY ACTION. THEREFORE, PLEASE DO NOT RETURN THIS ELECTION FORM.

閣下如欲只以現金收取末期股息，則閣下毋須採取任何行動。因此，請不要交回本選擇表格。

PART 3 ELECTION FOR SCRIP SHARES ONLY

第三部份 選擇只收取代息股份

IF YOU WISH TO RECEIVE ONLY SCRIP SHARES FOR THE FINAL DIVIDEND, PLEASE JUST SIGN, DATE AND RETURN THIS ELECTION FORM.

閣下如欲只以代息股份收取末期股息，只須在本選擇表格上簽署，註明日期並交回本選擇表格。

PART 4 ELECTION FOR PART CASH AND PART SCRIP SHARES FOR THE FINAL DIVIDEND

第四部份 選擇部份以現金及部份以代息股份收取末期股息

IF YOU WISH TO RECEIVE YOUR FINAL DIVIDEND PARTLY IN CASH AND PARTLY IN SCRIP SHARES, PLEASE ENTER IN BOX C THE NUMBER OF SHARES WHICH YOU HELD ON THE RECORD DATE, 24 AUGUST 2022 FOR WHICH YOU REQUIRE THE FINAL DIVIDEND TO BE PAID IN SCRIP SHARES. THEN SIGN, DATE AND RETURN THIS ELECTION FORM.

倘閣下欲部份以現金及部份以代息股份收取末期股息，請於丙欄內填上閣下於記錄日期(即二零二二年八月二十四日)所持有及閣下要求以代息股份派付末期股息之股份數目。然後在本選擇表格上簽署，註明日期並交回本選擇表格。

BOX C 丙欄	NUMBER OF SHARE(S) HELD ON THE RECORD DATE, 24 AUGUST 2022, FOR WHICH YOU REQUIRE THE FINAL DIVIDEND TO BE SATISFIED BY SCRIP SHARES 閣下欲以代息股份方式收取末期股息的股份 數目(該等股份須為於記錄日期(即二零二 二年八月二十四日)登記在閣下名下的股份)
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NOTE: IF YOU HAVE SIGNED THIS ELECTION FORM BUT DO NOT SPECIFY THE NUMBER OF SHARES IN RESPECT OF WHICH YOU WISH TO RECEIVE THE FINAL DIVIDEND IN THE FORM OF SCRIP SHARES IN LIEU OF THE CASH DIVIDEND OR IF YOU ELECT TO RECEIVE THE FINAL DIVIDEND IN SCRIP SHARES IN RESPECT OF A GREATER NUMBER OF SHARES THAN YOUR REGISTERED HOLDING ON THE RECORD DATE, 24 AUGUST 2022, THEN IN EITHER CASE YOU WILL BE DEEMED TO HAVE EXERCISED YOUR ELECTION TO RECEIVE THE FINAL DIVIDEND IN THE FORM OF SCRIP SHARES IN LIEU OF THE CASH DIVIDEND IN RESPECT OF ALL THE SHARES REGISTERED IN YOUR NAME ON THE RECORD DATE.

附註：倘閣下已簽署本選擇表格但未有註明欲以代息股份代替現金收取末期股息之股份數目，或閣下所註明選擇以代息股份收取末期股息之股份數目較閣下於記錄日期(即二零二二年八月二十四日)登記在名下者為多，則在任何一種上述情形下，閣下將被視為已就於記錄日期名下全部股份選擇以代息股份代替現金收取末期股息。

TO THE BOARD OF DIRECTORS OF PERFECT MEDICAL HEALTH MANAGEMENT LIMITED:

致完美醫療健康管理有限公司董事會：

I/We, the undersigned and above-named shareholder(s), give notice that the Final Dividend should be paid in accordance with the instructions given above, subject to the terms and conditions set out in the Circular dated 30 August 2022 and the Memorandum and Articles of Association of the Company.

本人/吾等，即下方簽署人及上述股東，茲通知董事會末期股息應按照上述指示並遵照日期為二零二二年八月三十日之通函所載的條款及條件以及本公司的組織章程大綱及細則派付。

SIGN (signature(s) must match the records maintained by the Company's registrar)

簽署(必須與本公司股份過戶登記處存置的紀錄相符)

(1) ..... (2) ..... (3) ..... (4) .....

Daytime telephone number (if any) 日間電話號碼(如有) : ..... DATE 日期 : ..... 2022.

NOTES: (i) In the case of joint holders, all must sign.  
附註：(i) 如屬聯名持有人，所有持有人均須簽署。  
(ii) In the case of a corporation, this form should be signed on its behalf by a duly authorised officer whose office should be stated.  
(ii) 如屬公司，則本表格須由其正式授權的職員代為簽署，另須註明該職員的職位。  
For the avoidance of doubt, we do not accept any special instructions written on this Election Form.  
為免存疑，任何在本選擇表格上之額外手寫指示，本公司將不予處理。

THIS FORM IS FOR THE USE ONLY OF THE SHAREHOLDER(S) NAMED IN BOX A. NO ACKNOWLEDGEMENT OF RECEIPT OF THIS FORM WILL BE ISSUED.  
本表格只供甲欄所指定之股東使用。本公司不會就收到本表格一事發出收據。  
SHARE CERTIFICATES AND/OR DIVIDEND WARRANTS FOR THE CASH ENTITLEMENT WILL BE SENT BY ORDINARY POST ON OR BEFORE FRIDAY, 30 SEPTEMBER 2022 TO THE SHAREHOLDER(S) AT THEIR RISK TO THE ADDRESS ABOVE OR, IN THE CASE OF DIVIDEND WARRANTS, IN ACCORDANCE WITH STANDING INSTRUCTIONS (IF ANY).  
股票及/或股息單將以普通郵遞之方式按上文所註明之地址於二零二二年九月三十日(星期五)或之前寄予股東，郵誤風險概由股東自行承擔。股息單將按股東所發出之任何經常性指示(如有)寄予股東。

PERSONAL INFORMATION COLLECTION STATEMENT  
收集個人資料聲明

YOUR SUPPLY OF YOUR TELEPHONE NUMBER IS ON A VOLUNTARY BASIS FOR THE PURPOSE OF PROCESSING YOUR INSTRUCTIONS GIVEN ON THIS FORM OF ELECTION (THE "PURPOSE"). WE MAY TRANSFER YOUR TELEPHONE NUMBER TO OUR AGENT, CONTRACTOR, OR THIRD PARTY SERVICE PROVIDER WHO PROVIDES ADMINISTRATIVE, COMPUTER OR OTHER SERVICES TO US FOR USE IN CONNECTION WITH THE PURPOSE AND TO SUCH PARTIES WHO ARE AUTHORISED BY LAW TO REQUEST THE INFORMATION OR ARE OTHERWISE RELEVANT FOR THE PURPOSE AND NEED TO RECEIVE THE INFORMATION. YOUR TELEPHONE NUMBER WILL BE RETAINED FOR SUCH PERIOD AS MAY BE NECESSARY TO FULFIL THE PURPOSE, REQUEST FOR ACCESS TO AND/OR CORRECTION OF THE RELEVANT PERSONAL DATA CAN BE MADE IN ACCORDANCE WITH THE PROVISIONS OF THE PERSONAL DATA (PRIVACY) ORDINANCE, AND ANY SUCH REQUEST SHOULD BE IN WRITING BY MAIL TO THE PRIVACY COMPLIANCE OFFICER OF TRICOR INVESTOR SERVICES LIMITED AT THE ADDRESS STATED IN THIS FORM OF ELECTION.

閣下是自願提供閣下的電話號碼，以用於處理閣下於本選擇表格上作出的指示(「該用途」)。我們可能向就該用途為我們提供行政、電腦或其他服務的代理人、承辦商或第三方服務供應商，以及其他獲法律授權而要求取得有關資料的人士或其他與該用途有關以及需要接收有關資料的人士提供閣下的電話號碼。閣下所提供閣下的電話號碼將就履行該用途所需的期間保留。有關存取及/或更正相關個人資料的要求可按照《個人資料(私隱)條例》之條文提出，而有關要求均須以書面方式郵寄至卓佳證券登記有限公司(地址如本選擇表格所載)的私隱條例事務主任。