### THIS DOCUMENT IS IMPORTANT AND REQUIRES YOUR IMMEDIATE ATTENTION

此乃要件 請即處理



### UMP HEALTHCARE HOLDINGS LIMITED

聯合醫務集團有限公司

(Incorporated in the Cayman Islands with limited liability) (於開曼群島註冊成立的有限公司)

(Stock Code: 722)

(股份代號:722)

FINAL DIVIDEND FOR THE YEAR ENDED 30 JUNE 2019 OF HK2.55 CENTS PER SHARE IN CASH WITH A SCRIP DIVIDEND OPTION 截至2019年6月30日止年度之末期股息每股現金2.55港仙,惟股東可選擇以股代息

FORM OF ELECTION 選擇表格

THIS FORM IS NOT TRANSFERABLE

此表格不得轉讓

IF YOU WISH TO RECEIVE YOUR DIVIDEND WHOLLY IN CASH, YOU DO NOT NEED TO COMPLETE THIS FORM 閣下如欲全部收取現金股息,則毋須填寫本表格

IF YOU WISH TO RECEIVE NEW FULLY PAID ORDINARY SHARES OF HK\$0.001 EACH ("SCRIP SHARES") IN THE CAPITAL OF THE COMPANY IN LIEU OF CASH EITHER IN WHOLE OR IN PART, YOU MUST COMPLETE, SIGN AND LODGE THIS FORM IN ACCORDANCE WITH THE INSTRUCTIONS BELOW. NO ACKNOWLEDGMENT OF RECEIPT OF THIS FORM OF ELECTION WILL BE ISSUED. THIS ELECTION FORM SHOULD BE READ IN CONJUNCTION WITH THE ACCOMPANYING CIRCULAR DATED 20 DECEMBER 2019.

閣下如欲收取本公司股本中每股面值0.001港元繳足股款之新普通股(「代息股份」)以代替全部或部份現金,必須依照以下指示將此表格填妥、簽署及交回。交回本選擇表格將不會獲發收據。本選擇 表格應與隨附日期為2019年12月20日之通函一併細閱。

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BOX A 甲欄

NAME(S) AND ADDRESS OF REGISTERED SHAREHOLDER(S)

已登記股東姓名及地址

BOX B 乙欄

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REGISTERED HOLDING OF ORDINARY SHARES OF HK\$0.001 EACH AT RECORD DATE OF 6 DECEMBER 2019

於2019年12月6日記錄日期登記持有 每股面值0.001港元之普通股

NUMBER OF ORDINARY SHARES FOR WHICH FINAL DIVIDEND

將以代息股份支付末期股息之普通股

TO BE PAID IN SCRIP SHARES

PART 2 第二部份

ELECTION FOR SCRIP SHARES IN RESPECT OF THE FINAL DIVIDEND FOR THE YEAR ENDED 30 JUNE 2019 就截至2019年6月30日止年度之末期股息選擇收取代息股份

FLECTION FOR SCRIP SHARES IN LIFU OF CASH FOR THE WHOLE OR PART OF YOUR REGISTERED.

HOLDING OF ORDINARY SHARES. 閣下就所登記持有之全部或部份普通股選擇收取代息股份以代替現金。

PLEASE ENTER IN BOX CITHE NUMBER OF ORDINARY SHARES IN RESPECT OF WHICH YOU ELECT TO RECEIVE SCRIP SHARES.

請在丙欄內填上選擇收取代息股份之普通股股數。

IF YOU SIGN THIS FORM BUT DO NOT SPECIFY THE NUMBER OF ORDINARY SHARES IN RESPECT OF WHICH YOU WISH TO RECEIVE SCRIP SHARES IN LIEU OF CASH OR IF YOU ELECT TO RECEIVE SCRIP SHARES IN RESPECT OF A GREATER NUMBER OF ORDINARY SHARES THAN YOUR REGISTERED HOLDING, THEN YOU WILL BE DEEMED TO HAVE EXERCISED YOUR ELECTION IN RESPECT OF ALL THE ORDINARY SHARES REGISTERED IN YOUR NAME(S).

如 閣下簽安此表格但未有註明欲收取以代息股份代替現金之普通股股數,又或如 閣下簽安此表格但未有註明欲收取以代息股份代替現金之普通股股數,又或如 閣下所選擇收取代息股份之普通股股數較登記於名下者為多,則 閣下將被視作已就名下全部普通股作出選擇。 NOTE:

附註:

### TO THE DIRECTORS OF UMP HEALTHCARE HOLDINGS LIMITED:

# 致聯合醫務集團有限公司董事:

I/WE, THE UNDERSIGNED AND ABOVE-NAMED SHAREHOLDER(S), GIVE NOTICE THAT I/WE ELECT TO RECEIVE SCRIP SHARES IN LIEU OF CASH IN RESPECT OF THE FINAL DIVIDEND FOR THE YEAR ENDED 30 JUNE 2019, FOR THE WHOLE OR PART OF THE ORDINARY SHARES REGISTERED IN MY/OUR NAME(S) IN ACCORDANCE WITH THE INSTRUCTIONS GIVEN ABOVE IN PART 2 OF THIS FORM OF ELECTION, SUBJECT TO THE TERMS AND CONDITIONS SET OUT IN THE CIRCULAR DATED 20 DECEMBER 2019 AND THE MEMORANDUM AND ARTICLES OF ASSOCIATION OF THE COMPANY. I/WE ACKNOWLEDGE THAT THE NOTES FORM PART OF THIS FORM OF ELECTION.

本人/吾等為下開簽署人及名列上文之股東,茲作出以下通知:本人/吾等就登記於本人/吾等名下全部或部份普通股所應享有截至2019年6月30日止年度之末期股息根據本選擇表格上列第二部份所作指示,收取代息股份代替現金。在日期為2019年12月20日之通函所載之條款及條件以及本公司之組織章程大綱及組織章程細則之規限下,本人/吾等承認附註為本選擇表格之一部份。

## SIGNED簽署(SIGNATURE(S) MUST MATCH THE RECORDS MAINTAINED BY TRICOR INVESTOR SERVICES LIMITED 簽名式樣須與卓佳證券登記有限公司存置之記錄相符)

DATE 日期: TEL. NO 電話號碼:.....

NOTES: (I) IN THE CASE OF JOINT HOLDERS, ALL MUST SIGN. 附註:

如屬聯名持有者,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. 股東如屬法團,則此表格須由正式授權人代其簽署,並須註明簽署人之職位。

CERTIFICATE(S) AND/OR DIVIDEND WARRANT FOR THE ENTITLEMENT WILL BE SENT BY ORDINARY POST TO THE SHAREHOLDER(S) AT THE SHAREHOLDER'S(S') POSTAL RISK TO THE ABOVE ADDRESS. DIVIDEND WARRANT WILL BE

### PERSONAL INFORMATION COLLECTION STATEMENT

PERSONAL INFORMATION COLLECTION STATEMENT 収集個人資料登明

YOUR SUPPLY OF YOUR NAME(S), ADDRESS AND TELEPHONE NUMBER IS ON A VOLUNTARY BASIS FOR THE PURPOSE OF PROCESSING YOUR REQUEST FOR THE ELECTION FOR SCRIP SHARES IN LIEU OF CASH (THE "PURPOSES"). WE MAY TRANSFER YOUR NAME(S), ADDRESS AND TELEPHONE NUMBER TO OUR AGENT, CONTRACTOR, OR THIRD PARTY SERVICE PROVIDER WHO PROVIDES ADMINISTRATIVE, COMPUTER AND OTHER SERVICES TO US AND TO SUCH PARTIES WHO ARE AUTHORISED BY LAW TO REQUEST THE INFORMATION. YOUR NEEDED AND INTER THE INFORMATION OR ARE OTHERWISE RELEVANT FOR THE PURPOSES AND NEED TO RECEIVE THE INFORMATION. YOUR NAME(S), ADDRESS AND TELEPHONE NUMBER WILL BE RETAINED FOR SUCH PERIOD AS MAY BE NECESSARY TO FULFIL THE PURPOSES. YOU HAVE THE RIGHT TO REQUEST ACCESS TO AND/OR CORRECTION OF THE RELEVANT PERSONAL DATA IN ACCORDANCE WITH THE PROVISIONS OF THE PERSONAL OR (PRIVACY) ORDINANCE AND ANY SUCH REQUEST SHOULD BE MADE IN WRITING TO TRICOR INVESTOR SERVICES LIMITED AT LEVEL 54, HOPEWELL CENTRE, 183 ULGEN'S ROAD EAST, HONG KONG FOR THE ATTENTION OF THE PERSONAL DATA PRIVACY OFFICER.

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