



RATCHAPHRUEK HOSPITAL PUBLIC COMPANY LIMITED

456 Moo 14 Mittraparb Road Nai-Mueang Mueang Khon Kaen Postcode 40000
E-mail : info@rph.co.th Tel. 043 333 555 Website : https://rph.co.th

Form A

Proposal of Agenda Item for the 2026 Annual General Meeting of Shareholders

1. Date _____
2. General Information of the Proposer (Mr./Mrs./Miss/Other – please specify) _____

In case of a juristic person, please provide the name of the contact person. _____
Address _____ Village/Building _____
Lane/Street _____ Sub-district _____ District _____
Province _____ Postal Code: _____
Telephone _____ e-mail _____
3. Number of RPH shares held _____ shares from (date) _____ to (date) _____
4. Proposed Agenda for the 2026 AGM
Type of Agenda: ☐ For Consideration ☐ For Acknowledgement
Proposed Agenda Item _____
Reasons / Supporting Information: _____

5. Other Information Necessary for Consideration _____

6. Supporting Documents Attached _____

Having duly signed and certified each page as true and correct, totaling _____ pages.

I hereby certify that the above information and all attached documents are true, complete, and accurate in every respect, and I consent to the disclosure of such information or supporting documents.

Signature: _____ Shareholder

(_____)

Date: ____ / ____ / ____

Remarks

1. Shareholders must attach the following supporting evidence:
 1. Evidence of shareholding: a certificate from a securities company or other evidence from the Stock Exchange of Thailand.
 2. A copy of the shareholder's identification card. In case of a juristic person, a copy of the Certificate of Incorporation and a copy of the identification card (or passport for foreigners) of the authorized director(s), duly certified as true copies.
 3. Evidence for the nominated person (if applicable): a copy of ID card, house registration, educational certificate, work history, and any other supporting documents (if any).
2. In case more than one agenda item is proposed, a separate **Form A** must be prepared for each agenda item.
3. If there has been a change in title, name, or surname, evidence of the change must be attached with a certified true copy.
4. The Company will not consider agenda items if the shareholder provides incomplete or inaccurate information, or if the shareholder does not meet the required qualifications.
5. Shareholders may also submit all documents informally via e-mail to the Company Secretary at **Comsec@rph.co.th** or **ir@rph.co.th**.

บริษัท โรงพยาบาลราชพฤกษ์ จำกัด (มหาชน)

Ratchaphruek Hospital Public Company Limited

456 หมู่ที่ 14 ถนนมิตรภาพ ตำบลในเมือง อำเภอเมือง จังหวัดขอนแก่น 40000

โทร (043) 333-555

โทรสาร (043) 236-835

456 Moo 14 Mittraparb Rd. Muang Khon Kaen Thailand 40000

Tel. (043) 333-555

Fax. (043) 236-835



RATCHAPHRUEK HOSPITAL PUBLIC COMPANY LIMITED

456 Moo 14 Mittrapharb Road Nai-Mueang Mueang Khon Kaen Postcode 40000
E-mail : info@rph.co.th Tel. 043 333 555 Website : https://rph.co.th

Form B

Nomination of Candidate for Director

1. Date _____
2. General Information of the Proposer (Mr./Mrs./Miss/Other – please specify) _____

In case of a juristic person, please provide the name of the contact person. _____

Address _____ Village/Building _____

Lane/Street _____ Sub-district _____ District _____

Province _____ Postal Code: _____

Telephone _____ e-mail _____

3. Number of RPH shares held _____ shares from (date) _____ to (date) _____

4. I wish to nominate: (Mr./Mrs./Miss/Other – please specify) _____

as a candidate for election as **Board of Director of the Company**, who possesses the full qualifications and has no prohibited characteristics as required by the Company's criteria, together with the consent form duly signed by the nominee, and supporting documents for qualification consideration, such as educational background, work experience, and any additional supporting documents, all duly certified on each page, totaling _____ pages.

I hereby certify that all information provided above, and all documents attached are true, complete, and accurate in every respect, and I consent to the disclosure of such information or supporting documents.

Signature: _____ Shareholder

(_____)

Date: _____

5. Certification by the Nominee

I, (Mr./Mrs./Miss/Other – please specify) _____,

the nominated person for election as a director of the Company, hereby certify that I fully meet the qualifications and possess none of the prohibited characteristics under the Company's criteria. I confirm that all supporting documents submitted are true, complete, and accurate. I acknowledge and consent to being nominated and sign here as evidence.

Signature: _____ Nominee

(_____)

Date: _____



Form B

Notes

1. Shareholders must attach the following supporting documents:
 1. Evidence of shareholding, such as a certificate issued by a securities company or other evidence from the Stock Exchange of Thailand.
 2. A copy of the shareholder's identification card. In the case of a juristic person, a copy of the Certificate of Incorporation and a copy of the authorized director's identification card (or passport for foreign nationals), duly certified as true copies, must also be attached.
 3. Supporting documents of the nominated person, such as a copy of the ID card, house registration, educational certificates, work experience, and other relevant documents (if any).
2. A person nominated as a director must also attach the following supporting documents:
 1. One recent passport-size color photograph (front-facing, without sunglasses or hat).
 2. One certified true copy of the identification card.
 3. Current employment details of the nominee and spouse (position, workplace, directorships of other juristic persons, including positions in listed companies).
 4. Copies of educational certificates and academic qualifications.
 5. Curriculum vitae covering the past five (5) years (position/company/organization).
 6. Number of shares held in the Company (including those held by related persons, spouse, and minor children).
3. In the case of nominating more than one person, a separate **Form B** must be prepared for each nominee.
4. In the case where the shareholder or the nominated person has changed title, name, or surname, evidence of such change must be attached with a duly certified true copy.
5. The Company will not consider any cases where the shareholder provides incomplete or inaccurate information, or where the nominated person does not meet the required qualifications.
6. Shareholders may also submit all documents informally via e-mail to the Company Secretary at: **Comsec@rph.co.th** or **ir@rph.co.th**.



RATCHAPHRUEK HOSPITAL PUBLIC COMPANY LIMITED

456 Moo 14 Mittraparb Road Nai-Mueang Mueang Khon Kaen Postcode 40000
E-mail : info@rph.co.th Tel. 043 333 555 Website : https://rph.co.th

Form C

แบบข้อมูลบุคคลที่ได้รับการเสนอชื่อเพื่อเป็นกรรมการบริษัท

1. General Information of the Nominee

(Thai) (Mr./Mrs./Miss/Other – please specify) _____

(English) (Mr./Mrs./Miss) _____

2. Nationality

☐ Thai National ID Card No. _____

☐ Passport (for non-Thai nationals only) No.: _____

(Please attach a copy of ID card or passport, duly certified)

3. Date of Birth: _____ Age: _____ years

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Cohabiting ☐ Other: _____

4. Spouse/Unregistered Partner Information

Name: _____ Age: _____ years

5. Number of Children (if any): _____ persons

1. Name: _____ Date of Birth: _____

2. Name: _____ Date of Birth: _____

3. Name: _____ Date of Birth: _____

6. Contact Address

Address No. _____ Village/Building _____ Lane/Street: _____ Sub-district _____

_____ District _____ Province _____ Postal Code _____

Telephone _____ E-mail _____

7. Shareholding in RPH

Number of shares held personally: _____ since date _____

Number of shares held by spouse: _____ since date _____

Number of shares held by minor children: _____ since date _____

8. Education

Period (Year)	Institution	Degree	Field of Study

9. Training Programs (IOD)

Attended

Year

[] Director Certification Program (DCP) _____

[] Director Accreditation Program (DAP) _____

[] Audit Committee Program (ACP) _____

[] The Role of Chairman (RCM) _____

[] Finance for Non-Finance Director (FN) _____



RATCHAPHRUEK HOSPITAL PUBLIC COMPANY LIMITED

456 Moo 14 Mittraparb Road Nai-Mueang Mueang Khon Kaen Postcode 40000
E-mail : info@rph.co.th Tel. 043 333 555 Website : https://rph.co.th

[] Other (please specify): _____

10. Work Experience (last 5 years)

Period (Year)	Company	Position	Business Type

11. Directorships in Non-Listed or Other Listed Companies

Period (Year)	Company	Position	Shareholding %

12. Record (excluding petty offenses)

Court	Status (Plaintiff/Defendant/Petitioner)	Case Type (Civil/Criminal/Bankruptcy)	Charges/Offense	Amount in Dispute	Case Outcome

13. Direct or Indirect Interest or Transactions with the Company

(Please specify the nature of the transaction and interest, together with monetary value.)

14. Shareholding, Partnership, or Directorship in Any Entity Engaged in the Same or Competing Business as the Company

(Please specify name of entity, number of shares, percentage of registered capital, and type of business.)

Note: The Company undertakes to protect your personal data in accordance with its Privacy Notice for persons nominated as directors. For further details, please see: <https://rph.co.th/privacy-policy/privacy-notice/>