CEYLON HOSPITALS PLC

Company No. PQ 113

No. 03, Alfred Place, Colombo 03

To: Assistant Finance Manager
Ceylon Hospitals PLC
No. 03, Alfred Place,
Colombo 03.

REQUEST FOR A PRINTED COPY OF THE CEYLON HOSPITALS PLC ANNUAL REPORT

☐ I would like to receive the printed version of the 2025/26 Annual Report of Ceylon Hospitals PLC.

My details are as follows

Full Name of Shareholder	
Shareholder's NIC No./ Passport No./ Company Registration No.	
Address	
Contact Number	

…….. ……..

Signature Date

1. Form of request should be filled in legibly, signed and dated.
2. The completed form should be mailed to below mentioned email address or faxed to +94 (0) 11 4 518 224 or delivered to the above mentioned addressee on or before 25th June 2026.
3. In the event of joint shareholders, the Form may be executed by the registered principal shareholder.
4. In the event that the shareholder is a company, the Form may be executed under the Common Seal of the company or by a duly authorized representative.
5. For any queries regarding this Form of Request please contact Mr. Pradeep Ranasinghe on +94 (0) 11 2 140 843 during normal office hours or e-mail to dfm1@durdans.com.