REQUEST FORM

SINGAPORE PAINCARE HOLDINGS LIMITED

(Company Registration No. 201843233N)
(Incorporated in the Republic of Singapore)

13 August 2025

Dear Scheme Shareholder of Singapore Paincare Holdings Limited (the "**Company**")

All references to the Scheme Document in this Request Form shall mean the Company's Scheme Document to the Scheme Shareholders dated 13 August 2025. All capitalised terms used but not otherwise defined herein shall have the meanings given to them in the Scheme Document.

We wish to inform you that the Scheme Meeting of the Company will be convened and held in a wholly physical format at Seletar Country Club, 101 Seletar Club Road, Singapore 798273 on 28 August 2025 at 2.00 p.m.. **There will be no option for Scheme Shareholders to participate virtually.**

Printed copies of the Notice of Scheme Meeting and Proxy Form can be found in the enclosed envelope. In line with the Company's sustainability efforts, we are implementing the use of electronic communications for the despatch of the Scheme Document. In this regard, the Scheme Document (together with the Notice of Scheme Meeting, the Proxy Form and this Request Form) has been made available for download or online viewing on SGXNet at https://www.sgx.com/securities/company-announcements and the Company's corporate website at https://sgpaincare.com/news-main/investor-relations-announcements/. You will need an internet browser and a PDF reader to view the electronic copy of the Scheme Document.

We sincerely hope that you will join our sustainability efforts and embrace electronic communications. However, if you still wish to obtain printed copies of the Scheme Document, please complete the Request Form below and email it to srs.requestform@boardroomlimited.com, or post it with the envelope enclosed, so as to arrive by no later than **5.00 p.m. on 20 August 2025.** Please affix sufficient postage on the envelope.

By providing us with the information required in the Request Form below, you agree and acknowledge that we and/or our service provider(s) may collect, use and disclose your personal data as contained in your submitted Request Form or which is otherwise collected from you (or your authorised representative(s)), for the purpose of processing and effecting your request and in order for us and/or our service provider(s) to comply with any applicable laws, listing rules, regulations and/or guidelines.

Yours sincerely
For and on behalf of
Singapore Paincare Holdings Limited

Mr. Wong Yee Kong
Lead Independent Director

REQUEST FORM

To: **Singapore Paincare Holdings Limited**
c/o Boardroom Corporate & Advisory Services Pte. Ltd.
1 Harbourfront Avenue
Keppel Bay Tower #14-07
Singapore 098632

Please complete and sign this Request Form and send it by email to srs.requestform@boardroomlimited.com, or post it with the envelope enclosed, so as to arrive by no later than 5.00 p.m. on 20 August 2025. Please affix sufficient postage on the envelope. We regret that incomplete or improperly completed Request Forms will not be processed.

Please send me a printed copy of the Scheme Document.

Name(s) of Scheme Shareholder(s): _____

NRIC/Passport/Company Registration No: _____

The Scheme Shares are held by me/us under or through:

☐ CDP

☐ Physical Scrip

☐ Supplementary Retirement Scheme

Address: _____

Signature: _____ Date: _____

First fold

AFFIX
POSTAGE
STAMP
HERE

SINGAPORE PAINCARE HOLDINGS LIMITED
c/o Boardroom Corporate & Advisory Services Pte. Ltd.
1 Harbourfront Avenue
#14-07 Keppel Bay Tower
Singapore 098632

Second fold