



6th Annual General Meeting

30 July 2018



Disclaimer

This presentation may contain forward-looking statements that involve risks and uncertainties. Actual future performance, outcomes and results may differ materially from those expressed in forward-looking statements as a result of a number of risks, uncertainties and assumptions. Representative examples of these factors include (without limitation) general industry and economic conditions, interest rate trends, cost of capital and capital availability, competition from other developments or companies, shifts in expected levels of income and occupancy rate, changes in operating expenses (including employee wages, benefits and training), governmental and public policy changes and the continued availability of financing in the amounts and the terms necessary to support future business. Investors are cautioned not to place undue reliance on these forward-looking statements.

The Indian Rupee and Singapore Dollar are defined herein as "INR" and "S\$" respectively. Any discrepancy between individual amounts and total shown in this presentation is due to rounding.



Agenda

- 1. About the RHT Portfolio
- 2. Key Financial Highlights
- 3. Significant Events
- 4. Proposed Disposal of RHT asset portfolio

About the RHT Portfolio



RHT– 18 Quality Assets Spread Across India

RHT:

- Investment mandate to invest in medical and healthcare assets and services in Asia, Australasia and other emerging markets
- A healthcare-related business trust listed on the SGX (current market cap of S\$655.1 m⁽¹⁾)
- Partnership with Fortis Healthcare Limited. the leading healthcare delivery services provider in India

RHT Portfolio Summary:

- Portfolio valued at S\$1,084.6m⁽³⁾⁽⁴⁾
- 12 RHT Clinical Establishments
- 4 Greenfield Clinical Establishments
- 2 Operating Hospitals managed and operated by RHT

Premier Locations Across India:

- Approximately 3.6 million sq ft of built-up area across 10 states
- Sizeable population catchment
- Located near to major transportation nodes
 - : 100% Owned RHT Clinical Establishment : Greenfield Clinical Establishments : Operating Hospitals : 49% Owned Clinical Establishment commencing 12 October 2016

National Capital Region Mohali 348 Operational Beds Delhi (Shalimar Bagh) 355 Installed Bed Capacity 229 Operational Beds 350 Installed Bed Capacity 480⁽⁵⁾ Potential Additional Capacity Amritsar **Greater Noida** 158 Operational Beds 350 Potential Bed Capacity 166 Installed Bed Capacity 102 Potential Additional Capacity Noida Ludhiana 191 Operational Beds 200 Installed Bed Capacity 70 Potential Bed Capacity 27 Potential Additional Capacity **Jaipur** Faridabad 271 Operational Beds 210 Operational Beds 320 Installed Bed Capacity 210 Installed Bed Capacity Kolkata (Anandpur) Gurgaon 200 Operational Beds 290 Operational Bed Capacity 373 Installed Bed Capacity 450 Installed Bed Capacity 550 Potential Additional Capacity Mumbai (Kalyan) 62 Operational Beds 62 Installed Capacity Hyderabad Mumbai (Mulund) 400 Potential Bed Capacity 303 Operational Beds Chennai (Malar) 567 Installed Bed Capacity 151 Operational Beds Bengaluru (Rajajinagar) 178 Installed Bed Capacity 48 Operational Beds Chennai 52 Installed Bed Capacity 45 Potential Bed Capacity Bengaluru (Nagarbhavi) Bengaluru (BG Road) 45 Operational Beds 258 Operational Beds 62 Installed Bed Capacity 258 Installed Bed Capacity 45 Potential Additional Capacity 200 Potential Additional Capacity

Note:

As at 31 March 2018, Source: SGX

Based on \$\$1 = INR 49.68 as at 31 March 2018. The appraised value of each of the portfolio assets by the independent valuers is as at 31 March 2018. The portfolio value has taken into the effect the disposal of 51% interest in FHTL.

No. of beds and installed capacities as at 31 March 2017. Potential bed capacity assumes all planned phases of development and construction are completed. The development of the Mohali land is intended to be carried out in phases and will not result in an immediate addition in capacity of 480 beds upon completion of the initial phase of development.

Stable and Efficient Trust Structure

RHT Trust Structure Owns RHT units **RHT TM** Distributions **INVESTORS** • Fortis Healthcare Limited Pays · Institutional & public investors Trustee Manager fees Debt RHT **REPATRIATED BANKS** INCOME Ownership and Repatriate income from India to Singapore management **SINGAPORE INDIA**

Receives Service Fees and other income

CLINICAL **ESTABLISHMENTS**

Income Secured through Long Term Agreements

Term of Agreement	 15 years from 2012, with option to extend by another 15 years by mutual consent
Primary Obligations of HSCos	 Making available and maintaining the Clinical Establishments Provision of outpatient services Provision of radio diagnostic services
Primary Obligations of FOCs	 Provision of healthcare services at the Clinical Establishments Pay to RHT the Services Fees and Commitment Deposits
Services Fee	 Base Service Fee Fixed quarterly payments with 3% escalation per annum Upward revision for any capital expansion or expansion of the Fortis Hospital or services provided by the HSCos Variable Service Fee 7.5% of the operating income of Fortis Allows RHT to capture upside exposure
Commitment Deposit	FOC to pay HSCo 25% for greenfield development of Fortis Hospitals as an interest free refundable commitment deposit



Some of RHT's Award Winning Clinical Establishments

- 31 Joint Commission International (JCI) accredited hospitals in India
- 3 Clinical Establishments in the RHT portfolio are JCI accredited hospitals



BG Road Clinical Establishment JCI Accredited since 9 February 2008 Renewed for the 4th time in June 2017



Mohali Clinical Establishment JCI Accredited since 15 June 2007 Renewed for the 4th time in June 2016



Gurgaon Clinical Establishment

Ranked No. 2 globally on '30 Most Technologically Advanced Hospitals in the World' by 'topmastersinhealthcare .com'



Mulund Clinical Establishment
JCI Accredited since 26 August 2005
Renewed for the 4th time in June 2016



Key Financial Highlights



Key Highlights

• Financial performance

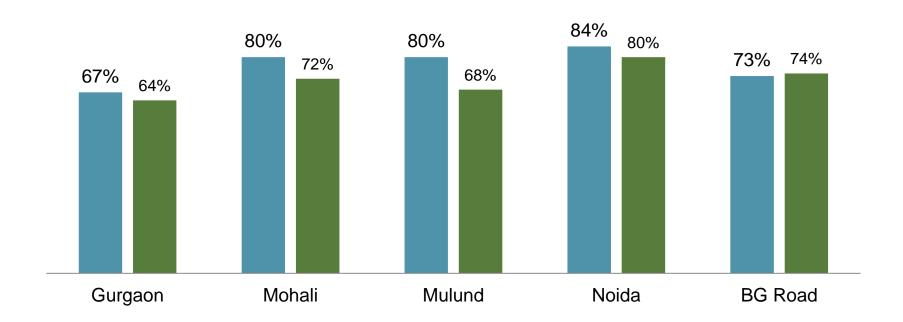
FY18	FY17 ⁽²⁾	Variance
S\$'000	S\$'000	%
94,422	89,919	5.0
53,707	50,924	5.5
63%	64%	(1.0)
38,430	50,502 ⁽²⁾	(23.9)
38,430	41,931	(8.3)
	\$\$'000 94,422 53,707 63% 38,430	\$\$'000 \$\$'000 94,422 89,919 53,707 50,924 63% 64% 38,430 50,502 ⁽²⁾

- Year-on-year increase in Total Revenue due mainly to annual growth in Base Fee.
- Net Service Fee and Hospital Income dipped slightly as a result of lower occupancy levels at the Clinical Establishments, which lowered the Variable Fee.
- Net Service Fee margin was fairly constant between FY2017 and FY2018.
- Distributable Income lower mostly due to the disposal of 51% economic interests in FHTL and increased corporate taxes.

Total Revenue excludes straight lining Excludes special distribution of \$198.3 million

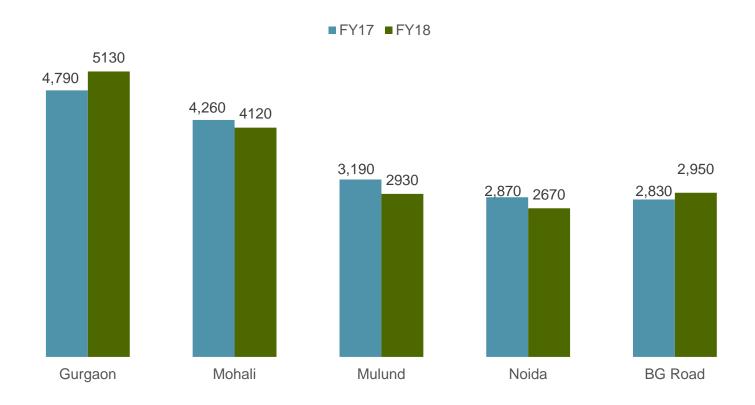
Occupancy Levels at the Clinical Establishments





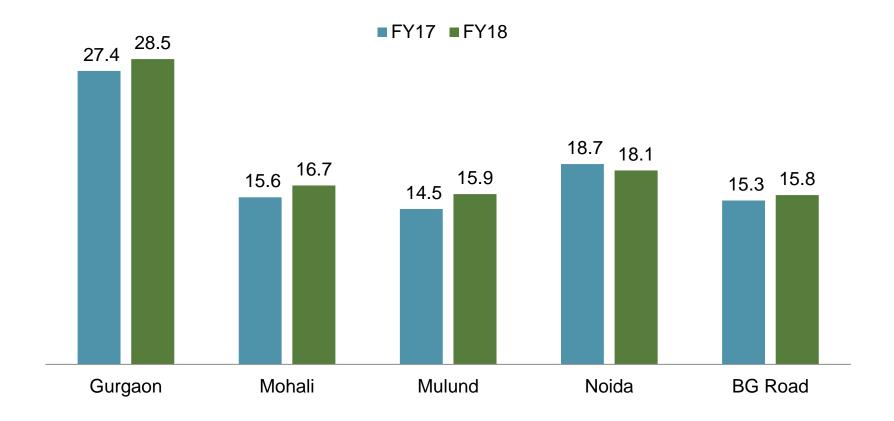


Fortis' Revenue Performance at the Clinical Establishments (INR m)



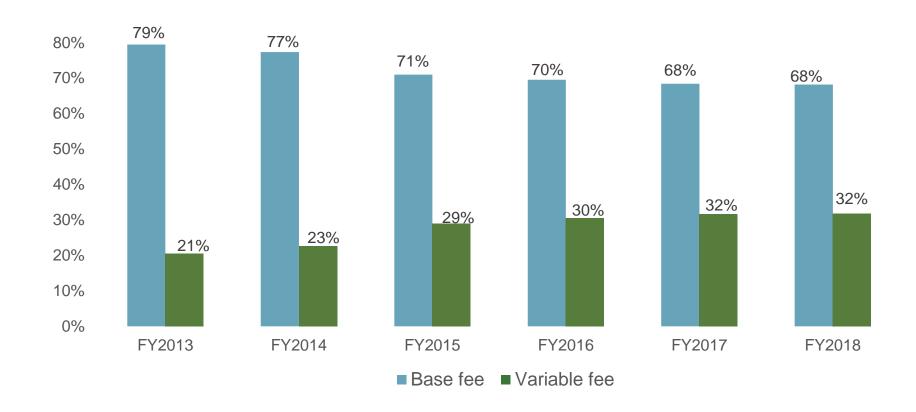


Average Revenue per Operating Bed (INR m) at each Clinical Establishment





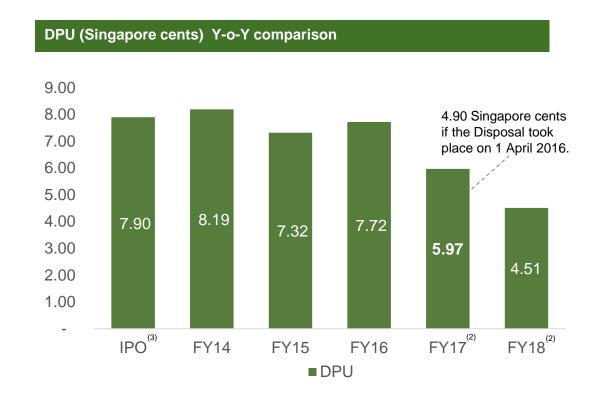
Breakdown of RHT's Base against Variable Fee Component



Distributions Highlights

Period	DPU	
1QFY18	1.22 cents per unit	
2QFY18	1.14 cents per unit	
3QFY18	1.09 cents per unit	
4QFY18	1.06 cents per unit ⁽¹⁾	

Total DPU for FY2018: 4.51 cents per unit



Notes



⁽¹⁾ Based on total number of Common Units of 808,731,944 currently issued as at 31 March 2018.

²⁾ DPU represents 95% of Distributable Income. 100% of Distributable Income was paid out before FY17.

³⁾ Annualised as IPO was in October FY13.

Distribution and Hedging Policy

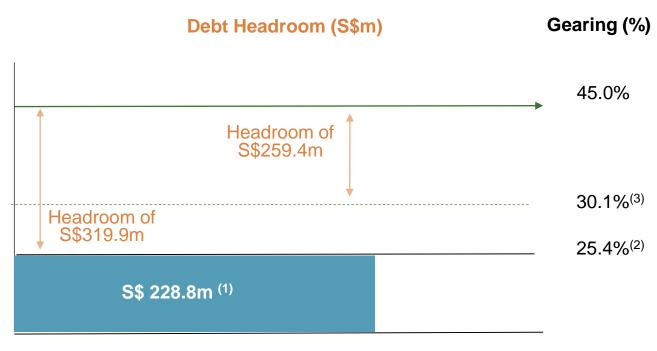
DISTRIBUTION POLICY

- Our distribution policy provides for distribution of at least 90% of the Distributable Income.
- Beginning FY2017, RHT TM started distributing 95% of its Distributable Income.
- The 5% which is retained is used to fund working capital.

HEDGING POLICY

- Commencing FY2018, RHT had been hedging 50% of its Indian denominated cashflows receivable every 6 months from India.
- The Trustee-Manager has not and will not be entering into any hedges for the expected INR cashflow for the 6 months ending December 2018 and for future periods as the completion date for the proposed disposal of RHT's entire portfolio is uncertain.

Conservative Gearing Levels



As at 31 March 2018



⁽¹⁾ Defined as Net Debt, being total loans and borrowings less cash and cash equivalents.

²⁾ Gearing is calculated as Net Debt divided by sum of Net Assets and Net Debt, excluding NCD liabilities owing to an associate.

⁽³⁾ Gearing ratio takes into consideration ongoing and future asset enhancement initiatives.

Key Events



Key Events

May 2017

Issued S\$60 million 4.50 per cent. fixed rate notes due 2018 to refinance existing loan facilities.

• July 2017

Drop in shareholding of promoters of Fortis in the latter. Consent solicitation exercise conducted to seek approval for the waiver of the breach and amendment in the term of the Notes.

November 2017

Signing of Term Sheet in relation to the disposal of the entire asset portfolio of RHT

January 2018

Extension of term sheet validity

February 2018

Signing of Definitive Agreements relating to the Proposed Disposal

April 2018

Consent Solicitation Exercise conducted to seek approval for Proposal Disposal and extension of expiry of Notes amongst others

Going Forward

Assuming Completion of Proposed Disposal

- Seek unitholders' approval for the Proposed Disposal at an EGM
- Distribute proceeds from consideration back to unitholders
- Explore potential avenues forward for RHT, as per the SGX-ST listing rules, including acquisition of new assets.



Proposed Disposal of the RHT portfolio



Transaction Summary

Offeror

Fortis Healthcare Limited ("FHL")

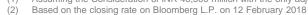
Transaction Structure

- Acquisition of the entire asset portfolio of RHT Health Trust ("RHT")
- 49.0% interest in Fortis Hospotel Limited ("FHTL"), 12 Clinical Establishments ("CEs"), 4 Greenfield CEs and 2 Operating Hospitals in India.

Consideration

- INR46,000 million⁽¹⁾ based on INR:SGD exchange rate of INR48.5:SGD1.00⁽²⁾;
- Repayment of external borrowing of approximately \$\$237.9 million
- Aggregate Net Consideration of approximately S\$710.6 million
- Net Consideration per unit of approximately S\$0.88

Assuming the Consideration of INR 46,500 million with the only adjustment to Consideration downwards by INR500 million due to parties not obtaining warranty and indemnity insurance





Transaction Summary (cont'd)

Special Distribution

The Estimated Net Consideration is intended to be distributed to Unitholders¹

Estimated Special Distribution Per Unit

• The estimated net proceeds per unit post settlement of transaction costs and expenses is approximately S\$15.8 million¹ (approximately S\$0.86)

Long Stop Date

• 30 September 2018

Advisors

- Merrill Lynch (Singapore) Pte. Ltd. appointed to advise the Board on the terms of the Proposed Disposal from a financial perspective.
- KPMG Corporate Finance Pte Ltd has been appointed as independent financial adviser to the Independent Directors



Rationale for the Proposed Disposal

Consideration represents a premium to various historical market prices





Source: Bloomberg

Notes

- (1) Closing price on 12 February 2018 which is S\$0.71
- (2) The respective VWAPs are with reference to the relevant periods up to and including 14 November 2017, being the last full day of trading of the Units prior to the 15 November 2017 Announcement (the "Last Undisturbed Price")
- (3) Adjusted at the INR:SGD exchange rate of INR48.5:SGD1.00 and amount available of 3.45 Singapore cents for the nine months ended 31 December 2017 ("9MFY2018 Distributable Amount").



Returns to Unitholders

• Opportunity to Realise Investment At Attractive Valuation

	Distributions	
Unit Price at IPO (19 October 2012)		90.00 cents
Total Distributions Paid out between IPO to 31 March 2018	37.26 cents	
Special Distribution paid out on 28 October 2016	24.80 cents	62.06 cents
Net Proceeds Per Unit from Proposed Disposal	86.00 cents	148.06 cents
Total Unitholders' Returns (%) based on 90 cents		64.08%

Approvals Required for the Proposed Disposal

Conditions of the Proposed Disposal

- Unitholders approval
- No change of control of any member of the Trustee-Manager, the Vendors and RHT's Indian Subsidiaries
- Noteholders' approval for the Proposed Disposal obtained on 30 April 2018

Unitholders Circular

• Time line and details concerning the Proposed Disposal will be set out in the Unitholders Circular to be despatched in due course.

Current Status with Fortis

- Fortis is up to date on its payments to RHT under the Hospital and Medical Services Agreements.
- Fortis obtained its shareholders' approval for the acquisition on 5 May 2018.
- On 13 July 2018, Fortis' board picked IHH, Asia's largest private healthcare operator by market value, as the
 preferred bidder to acquire a controlling stake in Fortis through a combination of primary equity infusion and
 purchase of shares from public shareholders.
- Funds infused by IHH into Fortis will be used to complete the acquisition of assets, including that of RHT's.
- Completion of transaction between Fortis and IHH is subject to Fortis' shareholders' approval and Competition Commission of India ("CCI").
- Fortis EGM is on the 13 August 2018. Approximate timeline for CCI approval is 60-75 days.
- IHH transaction with Fortis will complete in 7 business days post receipt of Fortis shareholders' and CCI approval.



Thank You

