RELIGARE | HEALTH TRUST
Values that bind

Annual Report FY2015







Delivering Performance

Sustaining Growth





We endeavor to provide regular and stable returns to investors by investing into healthcare assets providing attractive yields with a potential for long term growth.

About Religare Health Trust

Religare Health Trust ("RHT") is the first business trust listed on the Singapore Exchange Securities Trading Limited ("SGX-ST") with India based healthcare assets.

Our investment mandate is principally to invest in medical and healthcare assets and services in Asia, Australasia and emerging markets in the rest of the world. RHT may also develop medical and healthcare assets.

RHT has a portfolio of strategically located Clinical Establishments* and Operating Hospitals across India, currently comprising 12 Clinical Establishments, 4 Greenfield Clinical Establishments and 2 Operating Hospitals. The value of these assets is approximately S$991 million^ as at 31 March 2015.

* Clinical Establishment refers to a fully centrally air-conditioned institution established and specifically customised and fitted with all fixtures, fittings, medical equipment and infrastructure required for running and operating a hospital, offering: (1) services for diagnosis and treatment for illness, disease, injury, deformity and/or abnormality; (2) diagnosis of diseases through radiological and other diagnostic and investigative services with the aid or laboratory or other medical equipment; and (3) beds for in-patient treatment.

^ based on exchange rate of S$1 = INR 45.43 as at 31 March 2015.

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Proxy Form

Religare Health Trust is well positioned for growth in the Indian healthcare sector. With its wealth of geographically diversified healthcare asset portfolio, it has proved to be resilient.

Located Across 13 States in India

Based in 6 Tier-I Cities in India

12 RHT Clinical Establishments



4 Greenfield Clinical Establishments

Globally, healthcare continues to be an attractive and growing industry.

In the Asia-Pacific region alone, healthcare spending is expected to grow at a rate of

7.1% from 2013 to 2017[1]

Within India, healthcare spending is expected to increase at an average rate of 17% a year. RHT is currently participating in the growth of the Indian healthcare industry where it owns 18 healthcare related infrastructure assets across a number of major cities in India.

2 Hospitals Managed and Operated by RHT

Portfolio Value S$991 million

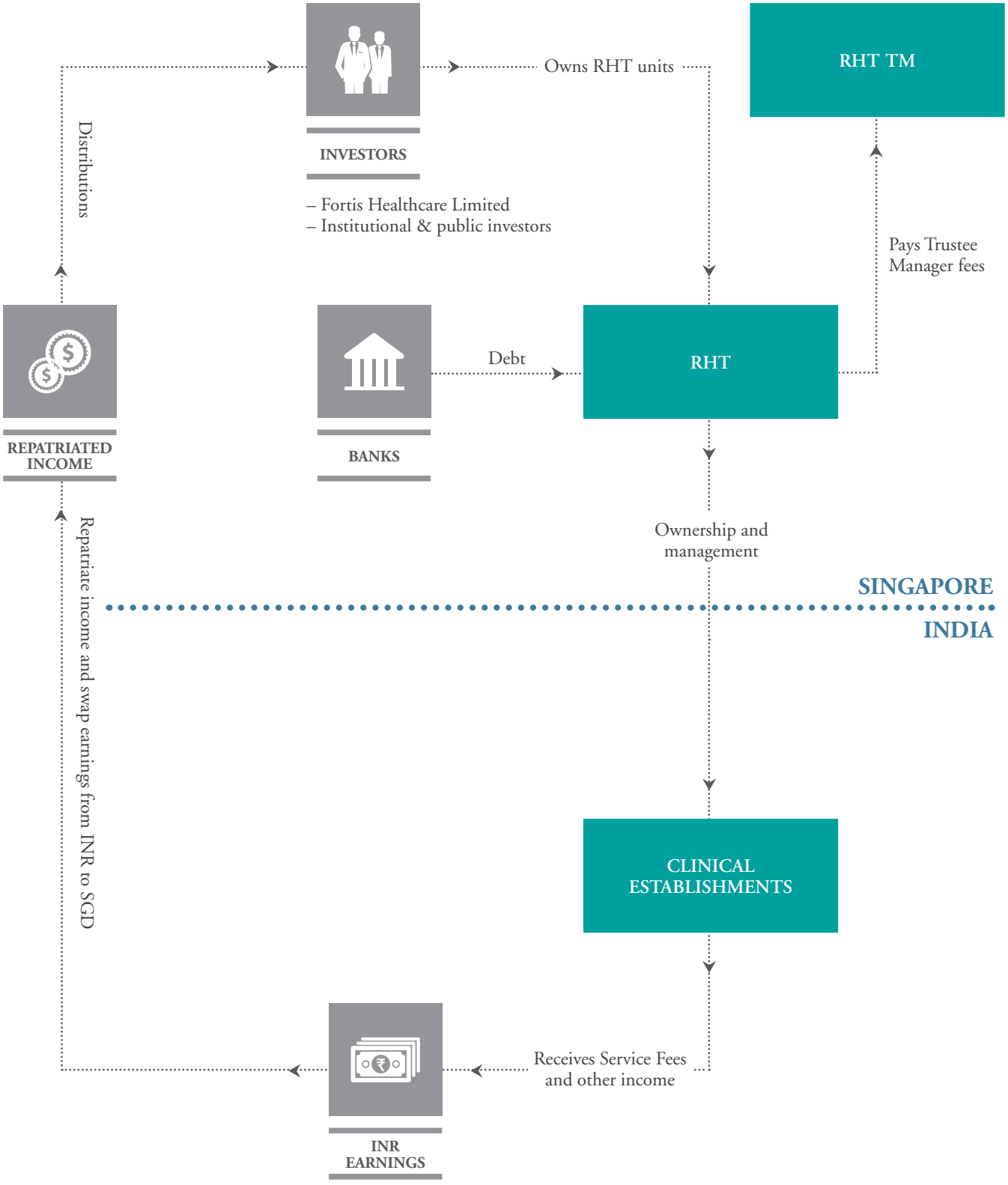
1 Deloitte 2014 Global Healthcare Outlook – Shared Challenges, Shared Opportunities.



Performing Beyond Expectations

Poised for superior long term growth, as year on year total revenue grew 40% and distributable income rose 25%. We continue to look towards providing regular and stable returns to our investors with attractive yields.

Trust Structure



Financial Highlights

S$91.56m

FY14 – S$62.35m

NET SERVICE FEE AND HOSPITAL INCOME*^

↑ 47%

S$58.17m

FY14 – S$46.69m

DISTRIBUTABLE INCOME

↑ 25%

7.32¢

FY14 – 5.90¢

DISTRIBUTION PER UNIT†

↑ 24%

INR12.76m

FY14‡ – INR 10.11m

AVERAGE REVENUE PER OPERATING BED

↑ 26%

36.8%

TOTAL RETURN ON INVESTMENT

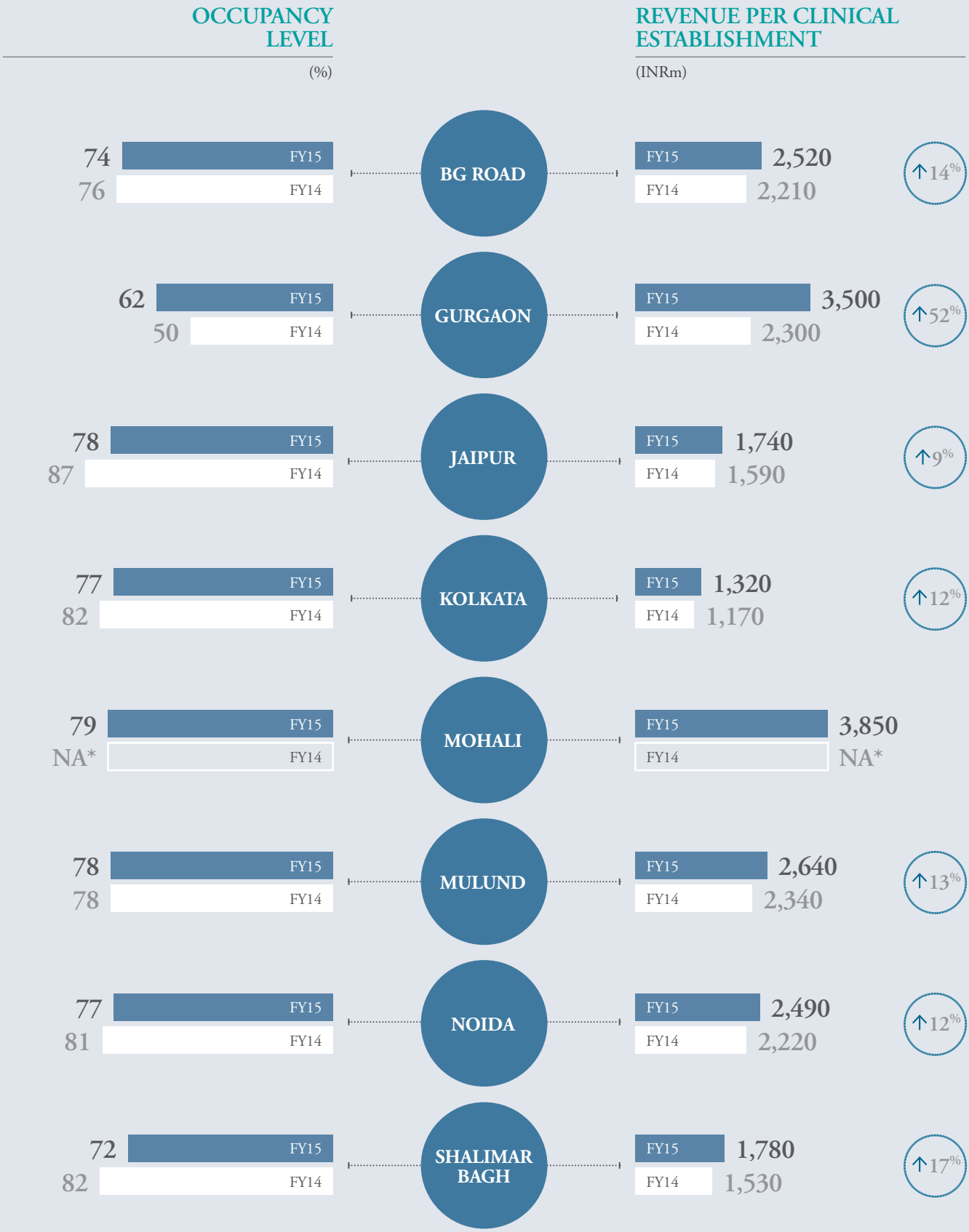
* Exchange rate for actual FY15 and FY14 was INR 47.41 and INR 48.27 respectively.

^ For further details, please refer to the Financial and Operational Review on page 7 of this annual report.

† DPU for FY15 and FY14 are based on Total Units, including Sponsor Units.

‡ ARPOB for FY14 excludes the Gurgaon CE and Mohali CE.

Performance Highlights



* The Mohali Clinical Establishment was acquired in FY15.

Performance Highlights

RECONCILIATION OF NET PROFIT TO UNITHOLDERS DISTRIBUTION

	Notes	FY15 S$'000	FY14 S$'000
Net profit for the period attributable to unitholders of the Trust		**37,423**	**41,473**
Distribution adjustments:			
Impact of non-cash straight-lining		(5,451)	(12,250)
Technology renewal fee		(694)	(624)
Depreciation and amortisation		13,908	12,691
Amortisation of debt arrangement fee		607	616
Trustee-Manager fees payable in units		3,619	2,612
Deferred tax		6,842	2,028
Foreign exchange differences	I	(2,392)	865
Capital expenditure	II	(944)	(717)
Transaction cost capital in nature	III	5,494	–
Unrealised gain on financial asset		(246)	–
Total distributable income attributable to unitholders of the Trust		**58,166**	**46,694**

Notes:

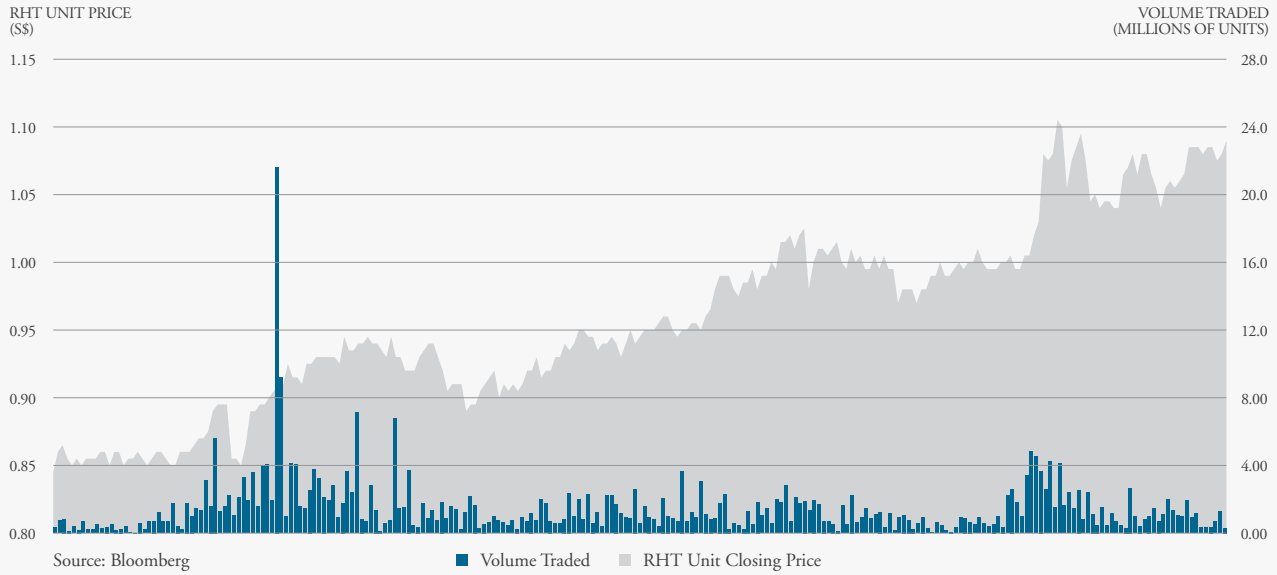
I Included in foreign exchange differences are
(i) adjustments for the distributable income based on the average forward contracted INR/SGD rate against INR/SGD for the translation of the statement of comprehensive income; (ii) changes in fair value on financial derivatives and; (iii) foreign exchange differences recorded in the statement of comprehensive income.

II This relates to operating cash flow being used to partially fund capital expenditure.

III The FY15 YTD amount relates to the one off stamp duty and professional fees in connection to the acquisition of the Mohali Clinical Establishment which are treated as capital in nature offset by the non-cash gain recognised in connection with the Mohali acquisition. The amount incurred in the current quarter relates to adjustment to the non-cash gain that was recognised as mentioned above, post the completion of the purchase price allocation.

RHT UNIT PRICE AND TRADING VOLUME

1 April 2014 To 31 March 2015



S$0.845	S$1.09	S$1.105	S$0.845
UNIT CLOSING PRICE ON 1 APRIL 2014	UNIT CLOSING PRICE ON 31 MARCH 2015	HIGHEST CLOSING PRICE (5 FEBRUARY 2015)	LOWEST CLOSING PRICE (1 APRIL 2014)

Financial and Operational Review

SUMMARY OF FINANCIAL RESULTS (FY15 VS FY14)

	FY15 S$'000	FY14 S$'000	Variance %	FY15 INR'000	FY14 INR'000	Variance %
Total Revenue [(a)(b)]	130,590	93,508	40%	6,189,120	4,513,871	37%
Net Service and Hospital Income excluding straight-lining, depreciation and amortisation) [(b)(c)]	91,561	62,352	47%	4,338,714	3,009,891	44%
Distributable Income	58,166	46,694	25%	–	–	–

(a) exclude straight lining and gain on acquisition in connection with the acquisition of Mohali Clinical Establishment.
(b) excludes GST refunds.
(c) excludes one off stamp duty and gain on acquisition in connection with the acquisition of Mohali Clinical Establishment.

The Total Revenue for FY15 in INR terms grew 37% from FY14 mainly due to the increase in Service Fee as a result of an additional contribution from the newly added Mohali Clinical Establishment, increase in Base Fee and the commencement of the Variable Fee from the Gurgaon Clinical Establishment post-stabilisation period which ended on 31 March 2014. In addition, the revenue from the existing portfolio of Clinical Establishments increased as a result of the contractual increase of Base Fees by 3% and higher Variable Fees recorded by 12%.

Net Service Fee and Hospital Income (excluding straight-lining, depreciation and amortisation) increased by 44% due to the increase in Total Revenue and tight cost controls implemented by the management.

DISTRIBUTABLE INCOME

The growth of the Net Service Fee and Hospital Income translated to a 25% growth in FY15 Distributable Income over the corresponding year-to-date after taking into consideration taxes, higher hedging cost and higher expenses in Singapore arising from higher finance costs and the cost of setting up the Medium Term Note Programme.

FUNDING AND BORROWINGS

During the year, the Group entered into an additional loan facility with DBS Bank Ltd for an amount of S$32.5 million and a loan facility with Deutsche Bank AG, Singapore Branch, for an amount of S$32.5 million, in connection with the acquisition of Mohali Clinical Establishment on 7 May 2014. The Clinical Establishment Acquisition, the Business Acquisition and the P&M Acquisition were S$56.6 million, S$0.8 million and S$2.5 million respectively.

As at 31 March 2015, RHT's outstanding bank loans are at S$123,469,000.

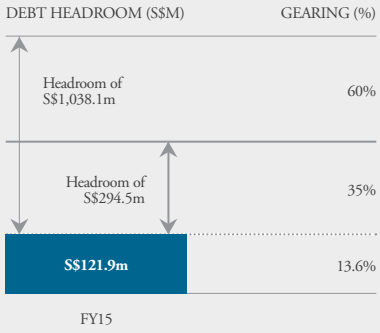
Details of the bank loans are set out under Note 24 of the Annual Financial Statements which can be found on page 102 – 103 of the Annual Report.

INVESTMENT IN FHTL

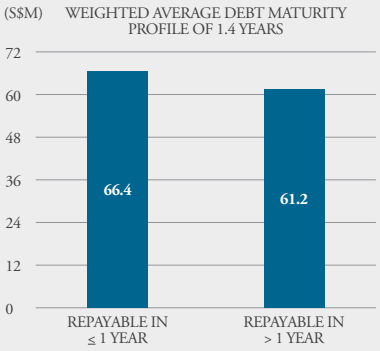
The Group is evaluating the options with regards to the Group's 49.0% interest (indirectly) in Fortis Hospotel Limited ("FHTL"), which owns the Gurgaon Clinical Establishment and the Shalimar Bagh Clinical Establishment and is accounted for on a 100% consolidated basis. Under the shareholders agreement entered into between Fortis Health Management Limited ("FHML") and Fortis Healthcare Limited ("FHL") in respect of FHTL ("FHTL Shareholders Agreement"), FHML has a call option on FHL's 51.0% interest in FHTL ("FHTL Call Option"), subject to fulfilment of certain conditions, including the receipt of the necessary approvals from the requisite authorities ("Call Events"). An application for such approval has been made to the necessary authorities but is awaiting approval. We will continue to monitor the fulfilment of conditions under the FHTL Call Option, and will evaluate available options with regards to FHTL if the Call Events do not occur, including any rights we may have under the FHTL Shareholders' Agreement.

Capital Risk Management

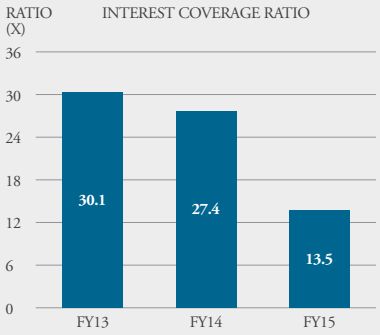
AMPLE DEBT HEADROOM FOR GROWTH[1]



DEBT MATURITY PROFILE[2]



INTEREST COVERAGE RATIO[3]



The Trustee-Manager employs a mix of debt and equity for the financing of acquisitions and enhancement initiatives of the medical and healthcare assets in the RHT portfolio.

The RHT Trust Deed has set a gearing limit of 60% with credit rating. As at 31 March 2015, RHT has a net debt of S$121.9 million with a gearing of approximately 14%[1]. *RHT may increase its borrowings by S$294.5 million before reaching its 35% limit, leaving room for future growth opportunities.

Post FY2015, RHT secured an Indian Rupee denominated loan facility from Axis Bank Limited of approximately S$48.6 million[4] to finance capital expenditure. If fully drawn upon, it will bring RHT's gearing ratio to about 18%.

REFINANCING RISK

In FY2015, a Medium Term Note Programme ("MTN Programme") was established for RHT. This provided an additional source of debt funding for RHT, and will serve as one of the means through which RHT may refinance the loan which is expiring in October 2015.

INTEREST RATE RISKS

As at 31 March 2015, RHT's exposure to interest rates stems wholly from its bank loans which are pegged to the Singapore Swap Offer Rate (SOR). As the majority of RHT's loans is in Singapore dollars and the amount is modest, interest rate movements are not expected to have a large impact on RHT. We will continue to monitor the cost of entering into interest rate swaps to mitigate the interest rate risks.

CURRENCY RISK

RHT currently has all of its assets and operations within India, thereby deriving all its revenue from India. At the same time, the distributions to unitholders are paid out in Singapore dollars. As such there is an element of currency risk which is faced by unitholders. To provide some certainty to unitholders, the Trustee-Manager has adopted a policy of hedging the anticipated amount of cashflows coming from India to Singapore. Distributions are paid out to unitholders on a semi-annual basis and forward contracts locking in the currency conversion rates are entered into one year before the cashflows are repatriated from India to Singapore. This mitigates the risk of any Indian rupee volatility in the period before income is repatriated to Singapore.

DISTRIBUTION POLICY

It is RHT's current policy to distribute at least 90% of its Distributable Income. For the last three financial years, RHT had distributed 100% of its Distributable Income. However, the Trustee-Manager periodically reviews its Distribution Policy.

1 defined as Net Debt, being total loans and borrowings less cash and cash equivalents. Gearing is calculated as Net Debt divided by sum of Net Assets and Net Debt.
2 as at 31 March 2015, gross of upfront fees.
3 Interest Coverage Ratio is defined as the ratio between EBITDA divided by Financial Expense.
4 based on an exchange rate of SGD1=INR 47.37 as at 27 May 2015 as used in the SGXNET announcement.
* The Trustee-Manager has a target gearing limit of 35% without credit rating.

Market Review and Outlook

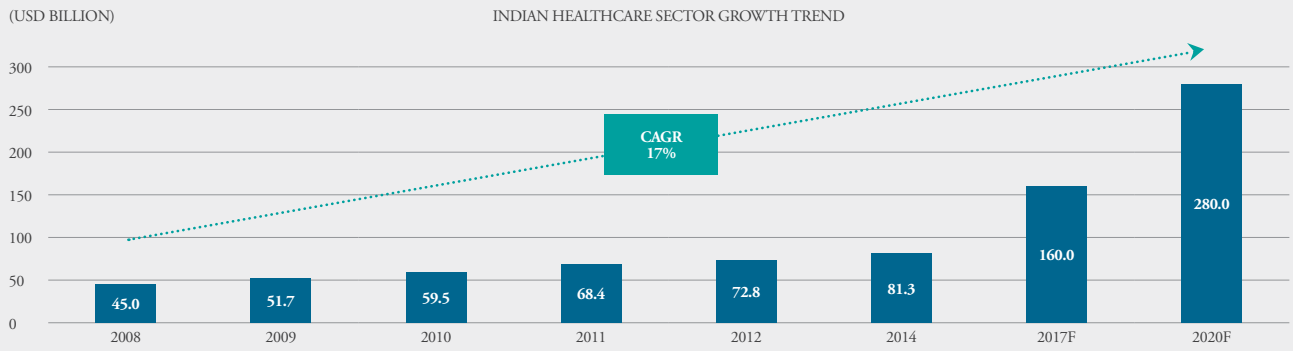
Globally, healthcare continues to be an attractive and fast growing industry. In the Asia-Pacific region alone, healthcare spending is expected to grow at a rate of 7.1% from 2013 to 2017[1]. Within India, healthcare spending is expected to increase at a rate of 17% a year. Double digit annual growth is also expected in Thailand, Philippines and Malaysia as their health insurance systems expand. RHT is currently participating in the growth of the Indian healthcare industry where it owns 18 healthcare related infrastructure assets across the major cities of India.

DRIVERS OF GROWTH IN THE INDIAN HEALTHCARE INDUSTRY

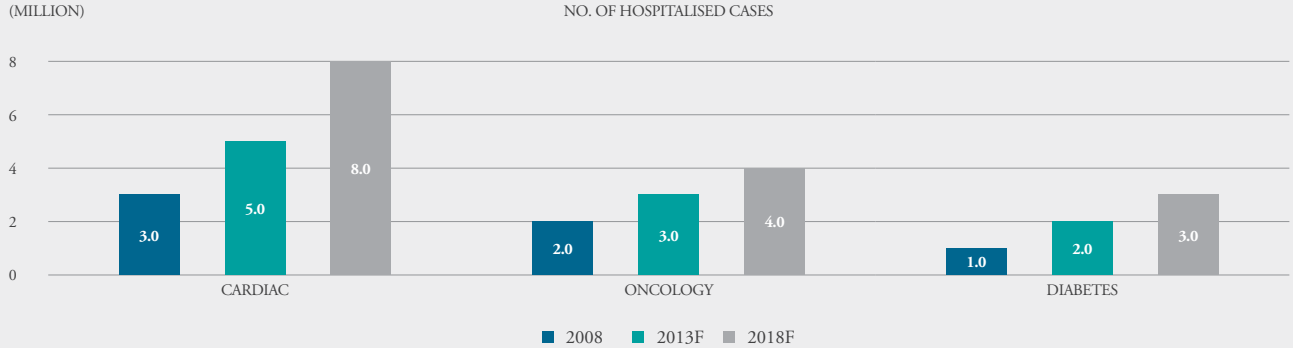
The Indian healthcare sector is valued presently at USD65.0 billion[2] and is estimated to be valued at USD155.0 billion by 2017[2] and USD280.0 billion by 2020, with a Compound Annual Growth Rate (''CAGR'') of 17% over 2011 – 2020[3]. The Indian healthcare market consists of government and private hospitals, pharmaceuticals, diagnostics, medical equipment, medical insurance and telemedicine.

It is one of the fastest growing sectors where rising affluence and urbanisation in the country has increased the awareness and ability of the people to spend on medical treatments. At the same time, the change in lifestyle has also resulted in increasing incidences of lifestyle related diseases leading to an increase in demand for high quality and specialist healthcare services. This has brought about a new emerging trend of luxury offerings in the healthcare sector as well as the fast penetration of health insurance. While medical tourism is still at a nascent stage in India, the comparatively lower cost of medical treatments in India as compared to other countries is expected to drive the growth in this segment of the healthcare industry. The Indian government has also adopted some policies aimed at promoting the growth of the healthcare industry.

GROWING HEALTHCARE INDUSTRY[3]



INCREASING IN-PATIENT VOLUMES DUE TO LIFESTYLE DISEASES[3]



Market Review and Outlook







Increasing Affluence and Growing Health Awareness

According to the latest World Health Organization ("WHO") statistics available[4], spending on healthcare in India as a percentage of Gross Domestic Product ("GDP") stands at 4% between 2010 – 2014. India's spending on healthcare is lower to the spending on healthcare in countries such as United Kingdom (9.1%) and United States (17.1%). In Japan where life expectancy has increased and with an aging population, healthcare spending stands at 10.3% of GDP. In India, it is anticipated that the rising per capita income coupled with a growing and aging population will see healthcare spending rise from USD96.0 million to approximately USD168.0 million by 2026[3].

The Prevalence of Lifestyle Related Diseases

With increasing urbanisation, India sees a shift from communicable diseases to lifestyle related diseases. In particular, ailments related to cardiac, oncology and diabetes contribute to rising individual healthcare spending.

Increasing Penetration of Health Insurance

Increasing literacy and awareness for healthcare have also led to the penetration of health insurance into the healthcare market. Currently, only 17% of India's population has health insurance[5]. Expenditure on health insurance is expected to reach 8% of total healthcare spending in 2015 in comparison to 6% from 2009 – 2010[3]. An increase in penetration of health insurance will lead to an increase in affordability of medical services.

Medical Tourism

In the last decade, India has established itself as a medical tourism hub, attracting foreign medical tourists for its superior quality healthcare at low treatment costs. In addition, India's position has strengthened given the availability of word-class hospitals and skilled medical professionals. The inflow of medical tourists is expected to exceed 3.2 million by 2015 in comparison to 0.9 million in 2012[3].

Government Initiatives for the Healthcare Sector in India

At approximately 4% of GDP[4], public spending on healthcare in India is among the lowest in both developed and developing nations[6]. The government's low spending on public healthcare has resulted in a disproportionately high out-of-pocket spending, given only 17% of the population subscribes to health insurance.

India's ratio of 0.7 doctors and 1.5 nurses per 1,000 people is below the global WHO average of 2.5 doctors and nurses per 1,000 people[6]. There remains an inadequate supply

Market Review and Outlook

INDIA'S KEY PLAYERS IN HEALTHCARE[3]

Company	No. of beds
Fortis Healthcare Ltd	12,000^
Apollo Hospitals Enterprise Ltd	8,717
Narayana Health	7,500
Manipal Group of Hospitals	4,900
Aravind Eye Hospitals	3,649
Max Hospitals	1,973
CARE Hospitals	1,912

^ Since the IBEF March 2015 report was issued, Fortis Healthcare Limited, has since reduced its number of beds from 12,000 to 10,000.

of trained medical personnel, healthcare infrastructure and services to meet the demands of the industry.

In order to encourage the development of the healthcare sector, the India government adopts a liberal and supportive foreign investment policy. This has played a key role in driving the growth of the healthcare sector in the last decade.

- Tax incentives and tax holidays are offered to hospitals providing health travel facilities.
- Foreign Direct Investments ("FDI") are permitted up to 100% under the automatic route for the hospital sector in India[3].
- Brownfield projects are given permission for up to 100% under the government route[3].
- Certain tax benefits provided for by Section 10 (23G) of the Income Tax Act have been extended to financial institutions that provide long-term capital to hospitals with 100 beds or more[3].

INDIA'S PRIVATE HEALTHCARE SECTOR

The growing demand for healthcare in India, together with the government's aim to develop India into a global healthcare hub places India as an attractive destination for foreign private investments. The Asia Pacific region saw a USD0.6 billion increase in private investments in the healthcare industry, with the majority of the activities taking place in India and China[7]. Between April 2000 and March 2015, the hospital and diagnostic centres in India attracted USD2.9 billion in FDI[8].

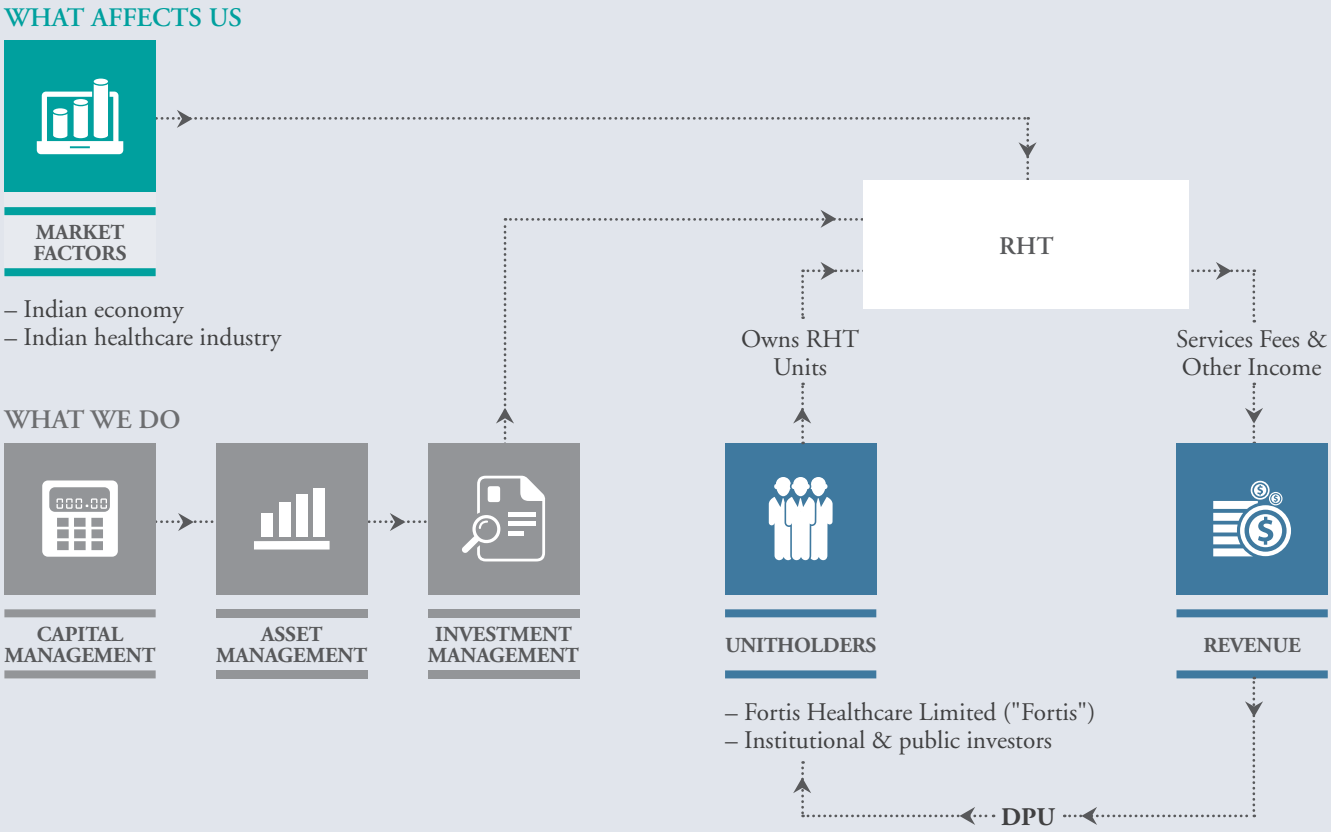
The private sector has a strong presence in the Indian healthcare sector, playing a key role in driving its growth. Private healthcare accounts for almost 72% of India's total healthcare expenditure, with the private sector holding a 40% share in hospital beds[3].

The majority of private investments in secondary, tertiary and quaternary healthcare institutions are concentrated in metros, Tier-I and Tier-II cities. In recent years, India has also seen an increasing number of hospitals in Tier-II and Tier-III cities, fuelling the growth of the healthcare sector[3]. Investors have begun to explore the opportunities presented in primary and specialty care (e.g. oncology, pediatrics, maternity, dental, etc) and support services (e.g. diagnostic labs) while remaining active in providing tertiary care[7].

The outlook in the Indian healthcare industry remains positive with sustainable growth factors. The government initiatives to encourage growth in the sector will help propel the progress, with the private sector expected to play a dominant role in this growth.

1 Deloitte (2014) Global Healthcare Outlook – Shared Challenges, Shared Opportunities.
2 The Economic Times (2015). Healthcare sector likely to hit $155 billion revenue by 2017: Report.
3 India Brand Equity Foundation (2015). IBEF Healthcare Report March 2015.
4 www.data.worldbank.org
5 Reuters (2015). Exclusive: Modi govt puts brakes on India health plan.
6 Deloitte (2015). 2015 Healthcare Outlook – India
7 Bain & Company, Inc. (2014) Global Healthcare Private Equity Report 2014.
8 Department of Industrial Policy and Promotion India ("DIPP") (2015). Factsheet on Foreign Direct Investment – From April 2000 to March 2015.

Growth Strategy



ASSET MANAGEMENT AND ENHANCEMENT

In FY2015, the RHT portfolio saw a total of 103 beds added organically and 344 operating beds added inorganically via the acquisition of the Mohali Clinical Establishment.

RHT actively seeks to enhance its existing portfolio in consultation with the operator of the assets. These involve upgrading, refurbishment works and reconfiguration of the facilities in the clinical establishments in RHT's portfolio to enhance and maximise their operational efficiency and competitiveness.

Planned Capacity Enhancement Initiatives

- Addition of a 200 bed Oncology block at BG Road Clinical Establishment.
- Addition of a Maternal and Child Health ("MCH") program at Noida Clinical Establishment which would add 40 beds by FY2017.
- Addition of 50 beds at Mulund Clinical Establishment.
- Addition of 40 beds at Jaipur Clinical Establishment.
- Addition of 102 beds at Amritsar Clinical Establishment by FY2017.
- Addition of 60 beds, two operating theatres and a catherisation laboratory at Nagarbhavi Operating Hospital.

Greenfield Clinical Establishments

RHT has four Greenfield Clinical Establishments in its portfolio – Ludhiana, Chennai, Hyderabad and Greater Noida. These four clinical establishments have a potential bed capacity of 874 beds. A new 79 bed hospital at the Ludhiana Greenfield Clinical Establishment is currently under development and is expected to be ready by FY2017.

INVESTMENTS

Right of First Refusal ("ROFR") Assets

Fortis, the sponsor of RHT, has granted RHT the Right of First Refusals ("ROFR") over the Clinical Establishment that it owns. Where Fortis intends to dispose of any of its Clinical Establishments, it must first have to be offered to RHT. Currently the Clinical Establishments owned by Fortis which are potential ROFR assets, are relatively young hospitals. RHT will have the opportunity to evaluate and acquire these assets from Fortis when they are operationally stable. Fortis is focusing its efforts on the Indian healthcare market and disposed of all its international healthcare operations. With Fortis concentrating on the Indian healthcare market, they may develop more Clinical Establishments. Such Clinical Establishments will also be potential ROFR assets.

Potential Third Party Acquisitions

We are always on the lookout for attractive yield accretive acquisitions to enhance RHT's portfolio. We focus our efforts in sourcing for Clinical Establishments which are suitable for the provision of multi-speciality medical services. In the near future, we are intending to remain in India where we have the ground knowledge and network for sourcing for potential acquisitions.

Organisation Chart

BOARD OF DIRECTORS

MR RAVI MEHROTRA
Executive Chairman

MR GURPREET SINGH DHILLON
Chief Executive Officer (CEO)
and Executive Director

MR PAWANPREET SINGH
Chief Financial Officer (CFO)
and Executive Director

DR. YOGENDRA NATH MATHUR
Lead Independent
Director

MR PETER JOSEPH SEYMOUR ROWE
Chairman of Audit and Risk Management
Committee and Independent Director

MR SYDNEY MICHAEL HWANG
Chairman of Nominating Committee
and Independent Director

MR ENG MENG LEONG
Chairman of Remuneration Committee
and Independent Director

TRUSTEE-MANAGER

MR GURPREET SINGH DHILLON
CEO

MS TAN SUAN HUI
Head of Compliance/Investor Relations

MR PAWANPREET SINGH
CFO

RELIGARE HEALTH TRUST, INDIA

DR VIRENDER SOBTI
Chief Operating Officer

MS SHALINI TYAGI
Head of Human Resources

MR NAVEEN BHATIA
Head of Accounts/Finance

MR FAIZAL IMTIAZ
Head of Operations/Compliance

Letter to Unitholders

In FY2015, an investment in RHT would have given a total return of 36.8%[2].

Dear Unitholders,

It is with great pleasure that we present our results for the financial year ended 31 March 2015 ("FY2015) to you. Religare Health Trust ("RHT") has delivered consistent and stable performance since it was listed on the Singapore Exchange Securities Trading Limited ("SGX-ST"), FY2015 saw a sizable jump in both its Total Revenue and Net Service Fee and Hospital Income.[1] Total Revenue increased 40% from S$93.5 million to S$130.6 million between the financial year ended 31 March 2014 ("FY2014") and FY2015, while Net Service Fee and Hospital Income grew 47% from S$62.4 million to S$91.6 million. This led to a higher Distributable Income in FY2015 of $58.2 million, an increase of S$11.5 million compared to the previous financial year.

There were a few key drivers of the growth in Total Revenue. Firstly, the Base Fee for the existing portfolio grew by 3% across the board for all Clinical Establishments. Secondly, we received an increase in Base Fee, as well as a Variable Fee for the Gurgaon Clinical Establishment which commenced in FY2015. Thirdly, RHT had acquired a new Clinical Establishment, the Mohali Clinical Establishment in May 2014. Fourthly, there was an organic increase of 103 beds to the RHT portfolio in FY2015, which added to the increase in Total Revenues.

Net Service Fee and Hospital Income grew as a result of the increase in Total Revenue. However, it also received a boost from an increase in the average revenue earned per operating bed ("ARPOB") at the Clinical Establishments. The ARPOB for our Clinical Establishments had increased by 26% compared to FY2014 stemming from an increased focus on the provision of high end medical treatments by the operator, Fortis Healthcare Limited ("FHL"). These high-end medical treatments commanded higher margins.

Distributable Income increased by 25% over the last financial year. The increase in Distributable Income was slightly dampened by the exchange rate which was used to convert the Indian Rupee denominated cash flows into Singapore dollars for distributions to unitholders. It is worth noting that the Distributable Income would have grown by 40% over FY2014, in proportion with the increase in Total Revenue and Net Service Fee and Hospital Income, if the exchange rate had remained similar to that of FY2014.

FY2015 also represents a full financial year since the expiry of the Sponsor Waiver[2] on 31 March 2014. As seen from the financial results for FY2015, we are pleased to report that there has not been any adverse impact on the Distributable Income for unitholders for FY2015. In FY2015, an investment in RHT would have given a total return of 36.8%[3].

Overall, we are satisfied with the financial results that we have achieved for unitholders in FY2015, having returned approximately S$58.2 million in distributions back to you.

LOOKING AHEAD

FY2015 proved to be an interesting year for Indian politics. The election of a new government with single party majority, which has not been seen in India for close to 30 years[4], was greeted by investors with much optimism. The new government led by Prime Minister Narendra Modi has been viewed to be pro-business and much is expected from them with regards to implementing reforms that will help to spark the Indian economy into growth. The unexpected drop in oil prices in the second half of 2014 also had a profound impact on the Indian economy which is a large importer of crude oil. The fall in crude oil prices will serve to both help lower inflation in the country as well as reduce fiscal deficits. RHT benefitted from all these changes in the macro-environment as the Indian Rupee started strengthening and stabilising against the Singapore dollar since RHT was first listed on the Singapore Exchange in 19 October 2012.

Within the Indian healthcare industry, the private sector has established itself as a vibrant force. It currently accounts for almost 72% of the country's total healthcare expenditure[5]. We believe that the continued demand supply imbalance in the Indian healthcare market, where demand is greater than the supply, will continue to attract participation from the private players. Furthermore, a growing demand for more specialised medical treatments and technologically advanced medical equipment by the increasingly affluent Indian population is also expected to be filled by the private sector players.

In FY2015, we increased the number of operating beds within the existing RHT Clinical Establishments by 447 beds. This was done in conjunction with the operator of our Clinical Establishments, FHL. Management has also put into action, plans to add another 571 operating beds to the existing Clinical Establishments between now and 2017. The increase in the bed capacity at the Clinical Establishments is intended to be used mainly to cater to the provision of specialised medical treatments such as oncology and cardic related ailments.

Together with FHL, management views the change of medical programs being offered at the Clinical Establishments as key in increasing revenues. As India's economy continues to grow, more people

Letter to Unitholders

will gain the financial ability to seek such specialised medical treatments. The type of lifestyle diseases that are occurring within the Indian population has also increased with the rise in affluence among the mass population. In particular, cancer and cardic related diseases have been on the ascent, and in certain Clinical Establishments such as the Mulund and Mohali Clinical Establishments which offer specialised medical treatments for oncology, we have seen its average revenue per operating bed ("ARPOB") grow.

Whilst management together with FHL is focusing more of RHT's Clinical Establishments on the provision of higher end medical treatments, we expect the rest of the competition to be also moving in the same direction. In FY2015 alone, we had seen a number of single speciality hospitals being set up in India. A single specialty hospital is dedicated to the provision of one line of medical discipline like oncology, cardiology or ophthalmology and day-care surgery. Some of the recent entrants to the single speciality hospital segment in India include Frontier Lifeline Hospital[6] and Narayana Hrudayalaya[7], which are dedicated only to the treatment of cardiology and Vasan Healthcare Group[8] whose speciality is in treatment of eye ailments.

In addition to multi-speciality hospitals, RHT together with FHL, will also be moving into the single speciality hospital space when one of our two existing development projects is completed in FY2016. At present, more than 97% of RHT's Clinical Establishments are multi-speciality hospitals. However with the completion of the Ludhiana Greenfield Clinical Establishment in FY2016, it will focus solely on providing mother and child medical programmes. We are optimistic about the plans we have ahead for RHT and we will work with our operator FHL to continue our push into provision of more specialty medical treatments at our Clinical Establishments.

ACKNOWLEDGEMENTS

To round off a good year, we would like to thank our fellow Directors, the management, the employees for their dedication and hard work. We would also like to thank our sponsor, FHL, our business partners including our bankers, lawyers and auditors for their unwavering support. We wish to close off by expressing our sincere gratitude to our unitholders for your continued support and confidence in us. We look forward to continuing our dialogue with you, and we will strive to continue to deliver consistent stable distributions in the years to come.

1 For further details, please refer to the Financial and Operational Review on page 7 of this annual report. receiving its distributions commencing 1 April 2015.
2 Sponsor Waiver – Fortis Healthcare Ltd ("FHL"), the sponsor of RHT, had waived its entitlements to the distributions from the public listing of RHT on 19 October 2012 to 31 March 2014. It started receiving its distributions commencing 1 April 2015.
3 Total return assuming that RHT units were acquired on 1 April 2014 at closing unit price of S$0.84.
4 "After 30 years of coalition, unfamiliarity of one-party rule" – The Indian Express, 20 May 2014.
5 "India's healthcare sector to grow to $158.2 billion by 2017" – The Economic Times, 2 December 2013.
6 www.frontierlifeline.com
7 www.narayanahealth.org
8 www.vasaneye.in



MR RAVI MEHROTRA
Executive Chairman and
Executive Director
25 June 2015



MR GURPREET SINGH DHILLON
Chief Executive Officer and
Executive Director
25 June 2015

Board of Directors



MR RAVI MEHROTRA

Executive Chairman
Executive Director

Appointed as Executive Director and Executive Chairman since 7 September 2012, Mr Mehrotra has experience spanning over 30 years in the financial services sector both within India and internationally.

Prior to his appointments at RHTTM, Mr Mehrotra held various key positions at PineBridge Investments (previously AIG Investments). He served as Global Head of Retail & Intermediary Channels at AIG as well as Managing Director and Global Head of Retail & Intermediary Channels at PineBridge Investments, Hong Kong where he was responsible for the retail and intermediary channels sales globally. During his career in AIG, he also served as Managing Director and Regional Head, overseeing asset management companies in China, India, Taiwan and the Philippines. Mr Mehrotra has accumulated extensive experience in fund management in the areas of investment banking, corporate banking and equity mutual funds throughout his career at Franklin Templeton Asset Management (India) where he was President and Chief Investment Officer (Equities) as well as at Kothari Pioneer Asset Management, India where he was Senior Vice President and Chief Investment Officer. Previously, he worked for Bank of America in India, in the Corporate Banking Group and was also appointed Vice President in the Investment Banking and Treasury Group.

Mr Mehrotra graduated from the University of Mumbai with a Bachelor of Commerce. He also received a Post Graduate Diploma in Business Management from the Xavier Labour Relations Institute of Jamshedpur in India.



MR GURPREET SINGH DHILLON

Chief Executive Officer
Executive Director

Mr Gurpreet Singh Dhillon has held the position of Chief Executive Officer of RHTTM since 22 May 2013. Prior to his current appointment, he served as the Chief Operating Officer of the Trustee Manager. Mr Dhillon oversees all key operations of RHT and is involved in sourcing for investment opportunities for RHT. He also serves as a Director on Fortis Global Healthcare Infrastructure Pte. Ltd. and Religare Healthtrust Services Pte. Ltd., both of which are wholly-owned subsidiaries of RHT.

Previously, Mr Dhillon gained his experience in the fields of investments and asset management during his career in Religare Capital Markets Plc, the investment banking arm of Religare Enterprises Limited, where he played key advisory roles in real estate acquisitions across India and the United Kingdom.

Mr Dhillon graduated from the University of Essex with a Bachelor of Laws degree.



MR PAWANPREET SINGH

Chief Financial Officer
Executive Director

Mr Singh has held the position of Chief Financial Officer ("CFO") and Executive Director of RHTTM since 1 January 2013. Mr Singh is experienced in the fields of finance and accounting, particularly in the Indian healthcare industry.

Prior to his career in RHTTM, Mr Singh served as the Corporate Controller of Finance in Fortis Healthcare Limited ("Fortis") and played an influential role during its IPO Offering in 2007, rights issuance in 2009 and issue of convertible bonds in 2010. Previously, he held the position of CFO in Super Religare Laboratories Limited ("SRL") where he established the organisation's accounting system and was actively involved in business development. SRL is currently part of Fortis.

Mr Singh holds a Bachelor of Commerce (Honours) degree from Punjab University, Chandigarh. He is currently a member of the Institute of Chartered Accountants of India. He has also been a member of the Institute of Costs & Works Accountants of India since 1991.



MR ENG MENG LEONG

Independent Director
Chairman of Remuneration Committee

Mr Eng has been an Independent Director since 1 July 2013 and is also the Chairman of the Remuneration Committee. Currently, Mr Eng serves the Board of various listed public companies such as Libra Group Limited, 3Cnergy Ltd. and Croesus Retail Asset Management Pte. Ltd.

Mr Eng has over 25 years of experience in taxation, which goes beyond Singapore, Malaysia, covering Hong Kong and the United Kingdom. He held key appointments during his career at KPMG Tax Services Pte. Ltd as the Director of Tax Services, Head of Financial Services. The taxation work he had undertaken included compliance, advisory, due diligence reviews and structuring for mergers, acquisitions, takeovers, IPOs, in-bound and outbound projects and corporate finance matters.

Board of Directors

Mr Eng is currently a member of the Institute of Certified Public Accountants of Singapore and an Accredited Tax Advisor of the Singapore Institute of Accredited Tax Professionals. He was admitted as a member of the Institute of Chartered Accountants of England and Wales in 1982. He was an Examiner for ACCA Advanced Tax.



MR SYDNEY MICHAEL HWANG

Independent Director
Chairman of Nominating Committee

Mr Hwang is an Independent Director and serves on the Trustee-Manager Board as the Chairman of the Nominating Committee. Mr Hwang also holds directorship on the Boards of various public and private companies such as Linyi Investments Pte. Ltd., Singapore Dance Theatre Limited, YTL Starhill Global REIT Management Limited, Memories of the East Pte. Ltd., Justinian Private Limited and is the Senior Counsel of Michael Hwang Chambers LLC.

Mr Hwang has over 40 years of experience in the legal area. He commenced his career with Allen & Gledhill ("A&G") in 1968, and was a partner and its Head of Litigation and Arbitration Department from 1993 to 2002. Between 1991 to 1992, Mr Hwang served as the Judicial Commissioner (Acting High Court Judge) of the Supreme Court of Singapore. In 1997, he was appointed one of the first 12 Senior Counsel ("SC") of the Supreme Court of Singapore (a status equivalent to that of the Queen's Counsel in England). Between 2000 and 2002, he held the position of Commissioner of the United Nations Compensation Commission. He has also held office in various international arbitration committees. Mr Hwang served as President of the Law Society of Singapore between 2008 and 2010 and was then appointed as non-resident Chief Justice of the DIFC Courts.

Mr Hwang holds an undergraduate and postgraduate law degree from Oxford University. He is currently on the Advisory Boards of the Singapore International Arbitration Centre and the Hong Kong International Arbitration Centre.



DR YOGENDRA NATH MATHUR

Lead Independent Director

Dr Mathur has served on the Board of the Trustee-Manager since 7 September 2012 and currently holds the appointment of Lead Independent Director. He is the Secretary of the Maharaj Jagat Singh Medical Relief Society.

Dr Mathur has been actively involved in the fields of social development, social welfare and humanitarian activities. He worked with the United Nations Children's Fund ("UNICEF") from 1989 to 2012 where he also held several key positions and memberships in several government bodies in India. As a member of the Central Review Board of UNICEF, he oversaw the recruitment of professionals into the organisation and was Chief of State Office for Andhra Pradesh, Karnataka and Gujarat where he oversaw the development of social sector programmes for children and women in the respective states during his appointment. Previously, he served as Project Officer (Health and Nutrition) with the UNICEF and was involved in the establishment of an immunization programme. Dr Mathur was also actively involved in research based activities on health and nutrition problems affecting children and women in different states of India. Prior to his work at UNICEF, he served as the Head of the Regional Medical Research Centre for Tribal Health in Jabalpur, Madhya Pradesh.

Dr Mathur has a Bachelor of Medicine as well as a Bachelor of Surgery from Nagpur University. He also obtained a Doctorate of Medicine (Preventive and Social Medicine) from the All-India Institute of Medical Sciences, New Delhi.



MR PETER JOSEPH SEYMOUR ROWE

Independent Director
Chairman of Audit &
Risk Management Committee

Mr Rowe is an Independent Director of the Trustee-Manager and the Chairman of the Audit and Risk Committee. He has been involved in the financial services industry for over 35 years. He is currently a consultant at Herbert Smith Freehills ("HSF"), a position he has held since 2011 where he was previously a Partner between 1989 and 2011. Since joining Freehills, Mr Rowe has practised in the area of funds management. Prior to his appointment in 2005 as Head of the Financial Services Group at HSF, Mr Rowe oversaw and led its securitisation practice.

He also currently chairs the compliance committees for AMP Capital. Mr Rowe currently holds directorship on the Boards of Mission Australia Housing Limited, Mission Australia Housing (Victoria) Limited; Investa Listed Funds Management Limited. He is Chairman of UBS Grocon Real Estate Investment Management Pty Ltd.

Mr Rowe holds a Diploma in Law from the Solicitors Admission Board of New South Wales, Australia. He was nominated for the 2011 Justice Medal awarded by The Law and Justice Foundation of New South Wales.

Senior Management of the Trustee-Manager

MR GURPREET SINGH DHILLON
Chief Executive Officer
Please refer to biography under Board of Directors

MR PAWANPREET SINGH
Chief Executive Officer
Please refer to biography under Board of Directors

MS TAN SUAN HUI
Head of Compliance/Investor Relations



MS TAN SUAN HUI
Head of Compliance and Investor Relations

Ms Tan joined RHTTM in 2011 as the Head of Compliance and Investor Relations and continues to hold the position at present.

Ms Tan commenced her career in 1996 at SGX-ST, where she was with the Issuer Regulation and subsequently, Listing function. During her appointment in SGX, Ms Tan played an integral role in the launch of the FTSE ST Indices as well as the Global Depository Receipts. Prior to her appointment in RHTTM, Ms Tan held the position of Vice President in the Listings function in SGX where she would advised potential candidates for listing. During her time with the Issuer Regulation function, she reviewed candidate applications for IPO and oversee the regulation of listed companies. Ms Tan has on hand, experience with companies in the maritime and offshore sector, extending beyond Singapore, including Southeast Asia, India and Norway.

She holds a Bachelor of Business Administration (Honours) from the National University of Singapore.

Religare Health Trust Senior Management Team



DR VIRENDER SOBTI
Chief Operating Officer, India

As Chief Operating Officer ("COO") in India, Dr Sobti oversees the operations of the clinical establishments under RHT's portfolio.

Prior to his current appointment, Dr Sobti has taken on various executive management roles and has over 14 years of experience in hospital management. Dr Sobti previously held the position of Vice President of Operations and Business Strategy at the Metro Group of Hospitals as well as Chief Operating Officer and Medical Superintendent at Paras Hospitals Gurgaon and Paras Spring Meadows Hospital New Delhi. Dr Sobti was previously based in Mata Chanan Devi Hospital where he developed his expertise in strategic planning, operational management and human resources as the Medical Superintendent.

During his career, Dr Sobti played an integral role in the implementation of the National Accreditation Board for Hospitals ("NABH") certification. The NABH accreditation is on par with other world leading accreditations.

Dr Sobti received a Diploma in Hospital Management from The National Institute of Health and Family Welfare. He also holds an MBBS degree from the Post Graduate Institute of Medical Services ("PGIMS") Rothak, Haryana.

Religare Health Trust
Senior Management Team



MR NAVEEN BHATIA
Head of Accounts and Finance, India

Mr Bhatia, based in India, serves as the Head of Accounts and Finance for RHT's India operations. Mr Bhatia has over 17 years of experience in the areas of financial planning, US IPO readiness (SEC Listing), ERP implementation, Accounts, Taxation and Audit.

From 2010 to 2012, Mr Bhatia was the Finance & Accounts Controller at iYogi Technical Services Private Limited where he played an active role in the preparation for a US IPO (SEC Listing). He was also responsible for the preparation of financial statements and had also established an automated payroll system.

From 2007 to 2009, he was the Deputy General Manager for the Finance and Accounts department at IREO Management Private Limited where he was responsible for preparing proposals for bank financing and reports for the Central Bank.

From 1998 to 2006, Mr Bhatia held the position of Head of Accounts Department at Chaman Lal Setia Exports Limited. During his appointment, he led the successful implementation of an Inventory Management System as well as developed an accounting and management information system for the organisation.

Mr Bhatia received a Bachelor of Commerce degree from the Kurukshetra University in 1993. He also holds a Diploma in Information System from the Institute of Chartered Accountants of India ("ICAI") in 2004, where he has been a member since 1997.



MR FAIZAL IMTIAZ
Head of Operations and Compliance, India

As Head of Operations and Compliance, Mr Imtiaz oversees operations- and compliance related activities of RHT in India. His main responsibilities include ensuring the smooth running of the operations of the clinical establishments under RHT's portfolio as well as the conformance with local regulatory requirements.

Mr Imtiaz has a wealth of experience in operations, compliance and risk management spanning over 12 years. Prior to joining RHT, he was Assistant Vice President of the Operations and Compliance department at Religare Securities Australia Ptd Limited, where he handled the daily operational functions of his department along with obtaining an ASX membership.

Mr Imtiaz holds a Post Graduate Diploma in Planning and Management from the Indian Institute of Planning and Management in 2005. He later received a Master of Business Administration (Finance and Marketing) Degree from the International Management Institute, Belgium in 2005.



MRS SHALINI TYAGI
Head of Human Resources, India

Mrs Tyagi is based in India and serves as Head of Human Resources for RHT.

Prior to her current appointment, Mrs Tyagi held various human resource management and compliance roles in organisations across a diversity of industries. She headed the Human Resources division at Jessaram hospital during her stint with Fortis Healthcare Limited. From 2008 to 2009, she held the position of Human Resource and Compliance Manager at Orient Craft Ltd where she was responsible for recruitment, selection, training and development and performance appraisal. From 2006 to 2007, Mrs Tyagi was the Personnel Manager at Oriental Fashions, where she was responsible for industrial relations, compliance and MIS reports. From 2002 to 2005, she was Senior Manager at Phoenix Lamps Limited where her main responsibilities included, quality control, best practices, training and development.

She graduated from Kurukshetra University with a Bachelor of Arts degree in 1995. She completed her Master of Social Work degree from Kurukshetra University in 1997, with a specialisation in Industrial Relations, Human Resources and Labour Laws.

Corporate Sustainability Report

Being a fairly young entity, we have just embarked on our journey to build a culture of corporate and social responsibility ("CSR") into the business practices of RHT. We believe by incorporating such responsibilities into our corporate culture, we will be able to achieve greater success for RHT. Apart from some of the obvious benefits of CSR such as cost savings, the intangible benefits of CSR may include more motivated employees and greater transparency for our stakeholders including investors, customers or suppliers.

In setting out on this journey, we have commenced exploring responsibility in the various aspects of:

1) Financial
2) Governance
3) Social, including our employees
4) Environmental.

FINANCIAL

At RHT, we are always on the look out to deliver greater value to unitholders. A major part of RHT's business involves the management of healthcare related infrastructure assets used by medical operators. We currently work with our operator to understand their infrastructure needs in connection with the types of medical programmes where there is demand. As the needs of the medical operator can vary depending on the medical programmes, we may customise the Clinical Establishments. By working hand in hand with our operator, and helping to meet their needs, our operator will be able to generate better revenues which in turn benefits RHT who has a share of the operator's revenue. At the same time, helping the operator to be in good financial shape also means less credit risk for RHT.

As RHT provides the financial means for asset enhancements or expansions at the Clinical Establishments, RHT's ability to avail of competitively priced capital is important. Our unitholders provide us with a key source of capital. As such, we constantly engage with potential investors and existing unitholders to keep them up to date on RHT. We ensure the RHT website provides updated operational and financial information to better aid our investors in having a clearer understanding of RHT. Regular face-to-face meetings, conference calls as well as features in media supplements are conducted to constantly reach out to investors. An Annual General Meeting is held once a year for our unitholders to engage with us personally.

GOVERNANCE

RHT is managed by Religare Health Trust Trustee-Manager Pte. Ltd. ("Trustee-Manager"), which is based in Singapore, and we are supported by the RHT team in India, where RHT's portfolio of Clinical Establishments are based and managed. There are inherent conflicts of interests in the ownership and management of RHT, and having a strong corporate governance culture within the management team will aid in eliminating or mitigating the conflicts of interests. Reducing such operational risks in RHT through maintaining good corporate governance helps increase the sustainability of RHT.

You may refer to the Corporate Governance report which can be found on page 41 of this Annual Report, where we have outlined our key corporate governance practices.

In addition, the Trustee-Manager has put in place processes to ensure that high standards of integrity are upheld in our business operations and conduct. We have a gifts and entertainment policy which restricts the giving or receipt of gifts and entertainment (whether in cash or in kind), which is in anyway unlawful or unethnical, in order to gain any commercial, contractual or regulatory advantage for RHT.

SOCIAL RESPONSIBILITY

People

Management believes that that its employees play a key role in the development of RHT, and in turn it is the corporate's responsibility to grow its employees in order to achieve its end goal. In attracting, growing and retaining its employees, we follow the following guiding principles:

- Recruiting and promoting employees based strictly on merit, regardless of gender, race or religion.
- Maintaining a favourable working environment such as the provision of adequate leave for employees, providing child care and maternity leave, so as to enable employees to meet their family duties while performing their best on the job.
- Respecting human rights including having in place grievance redressal channels, sexual harassment complaint channels and respect for each employee's personal data and information.
- Providing employees with equal opportunity to be considered for training and development based on their strengths and needs, to help them achieve their full potential.
- Prioritising the occupational health and safety of our employees, including external suppliers such as contractors.

In FY2015, there was no grievance feedback received nor any discrimination reports made by our employees. We are also pleased to report that there were zero accidents incidents during the same year at our workplace.

Community

RHT recognises the need to give back to and support the communities to which we operate in. In 2014, the employees of RHT participated in the SGX Bull Charge organised by Singapore Exchange Limited. It is the only corporate charity run that brings the financial industry and all SGX-listed companies together for a common cause – to empower communities through financial literacy and promote sustainable societies. As part of the events leading up towards the charity run, RHT also contributed to the Lollipop Wall as an institutional sponsor.

ENVIRONMENT

RHT's business scope includes the construction and/or expansion of new and existing Clinical Establishments. Before undertaking such activities, management will look into the impact of our activities on the environment, and how we are able to protect our natural surroundings while going about our business. In doing so, we are at times able to adopt practices that may result in costs savings for RHT.

Renewable Energy

Wind energy is a free, renewable resource and also a source of clean and non-polluting electricity. Our BG Road and Mulund Clinical Establishments are currently the first of our Clinical Establishments to employ the use of this renewable energy. The electricity at these Clinical Establishments are powered by wind energy generated by a provider in India.

National Energy Conservation Award

The National Energy Conservation Award aims to promotes the efficient utilisation and conservation of energy levels among institutions in India. Awards are given out to institutions who have achieved such goals and the adoption of clean and innovative technologies. This award is given out by the Ministry of Power, India.[1]

To date, five of our Clinical Establishments have been given this award in recognition for its effort in energy conservation.

Year	Clinical Establishment
2014	Nagarbhavi CE BG Road CE
2013	Kolkata CE, Anandapur
2012	Mulund CE
2011	Noida CE

Green Building Certification

GRIHA is an acronym for Green Rating for Integrated Habitat Assessment. It is a rating tool used to evaluate the environmental performance of a building holistically over its entire life cycle, from construction to operation and then demolition, thereby providing a definitive standard for what constitutes a 'green building'. GRIHA is awarded by The Energy and Resources Institute ("TERI") and is a national rating system for green buildings in India. In developing our Clinical Establishments, our team had designed the buildings with a conscious effort to apply green materials, technologies and practices.

As at 31 March 2015, we are pleased to inform that RHT has two Clinical Establishments in its portfolio which have been certified by TERI as a 3 star and 4 star green building under the GRIHA ratings.

Year	Clinical Establishment	Award
2013	Gurgaon CE	Four star rating
2010	Shalimar Bagh CE	Three star rating

[1] Bureau of Energy Efficiency. www.beeindia.in.

Significant Events

For the financial period 1 April 2014 to 31 March 2015*

2014

28 APR

Extraordinary General Meeting

RHT's held its inaugural Extraordinary General Meeting ("EGM") at The Suntec International Exhibition & Convention Centre. The event was a success as all resolutions put to vote for the acquisition of the Mohali Clinical Establishment were duly passed.

7 MAY

Completion of the Mohali Clinical Establishment

RHT completed the Clinical Establishment Acquisition, the Business Acquisition and the Plant & Machinery Acquisition for the Mohali Clinical Establishment. The aggregate consideration paid for the Mohali Clinical Establishment was S$59.70 million.

21 MAY

Results for the Fourth Quarter and Full Year Ended 31 March 2014

RHT achieved a distributable income of $11.40 million and Distribution per Common Unit ("DPU") of 2.00 Singapore cents for the quarter. A total distribution of 8.19 Singapore cents was paid out for FY2014.

28 MAY

Conversion of Sponsor Units into Common Units

A total of 220,676,944 Sponsor Units held by Fortis Healthcare International Limited in RHT was converted into 220,676,944 Common Units after final amount to be distributed was announced. Upon conversion, each Sponsor Unit has now become a Common Unit, ranking pari passu with and has the same rights as the other Common Units in all respects.

24 JUL

Annual General Meeting

RHT's hosted the Annual General Meeting ("AGM") at the Singapore Management University. All Ordinary Resolutions put to vote for unitholders' approvals were duly passed.

13 AUG

Results for the First Quarter of Financial Year ("FY") 2015

RHT recorded a DPU of 1.80 Singapore cents, a 25% increase over the previous quarter as well as corresponding quarter. This quarter saw a 26% increase in the Distributable Income since the previous quarter, driven by an enhanced revenue contribution from the Gurgaon Clinical Establishment as well as new revenue streams from the Mohali Clinical Establishment.

13 NOV

Results for the Second Quarter and First Half of FY2015

RHT declared a total of 3.61 Singapore cents given a Distributable Income of $43.95 million for the first half of FY2015 ("1HFY15"). This quarter saw a 32.0% increase in Total Revenue for 1HFY15 against the 1HFY14, driven by an increase in Service Fees and contributions from new Clinical Establishments recently added to the portfolio.

5 DEC

Establishment of Multicurrency Medium Term Note Programme

RHT established a S$500,000,000 Multicurrency Medium Term Note Programme ("MTN Programme").

2015

13 FEB

Results for the Third Quarter of FY2015

The third quarter saw consistent growth for RHT, with Total Revenue for the nine months ended 31 December 2014 increase 35% in comparison to the corresponding nine months. This quarter, a DPU of 1.82 Singapore cents was declared, an 18% rise from the corresponding quarter. RHT continued to maintain a low gearing of 15% with ample headroom to fund future potential acquisitions.

27 MAY

Results for the Fourth Quarter and Full Year ended 31 March 2015

RHT distributed a cumulated DPU of 7.32 Singapore cents with a Distributable Income of S$58.2 million for the financial year ended 31 March 2015. Total Revenue as well as Net Service Fee and Hospital Income grew 40% and 47% respectively in FY2015. Gearing remains low at 14%.

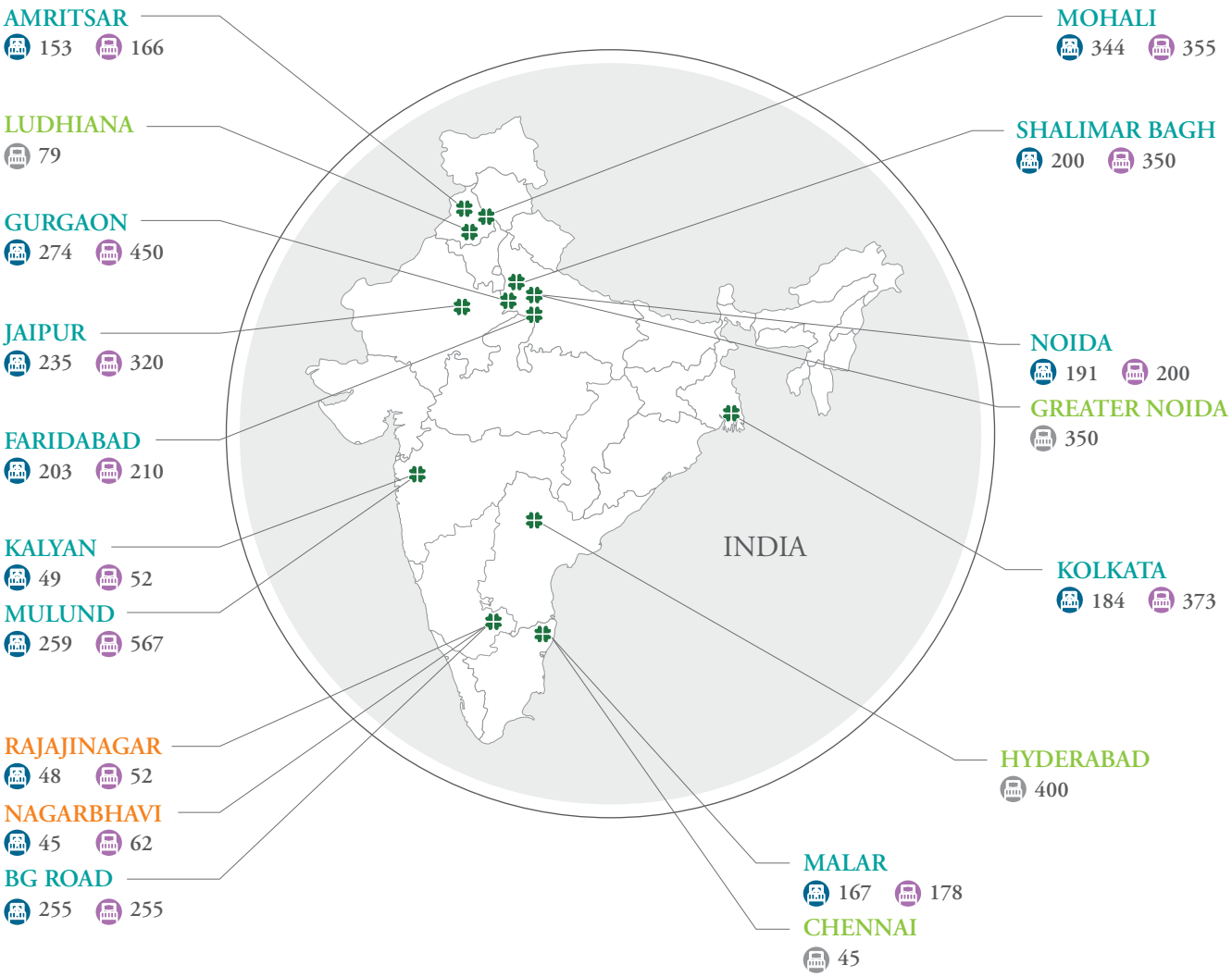
* All S$ references on this page are based on the exchange rate as at date of respective announcements.

Growing Through Synergy

In FY2015, we increased the number of operating beds within the existing RHT portfolio by 447 beds. Management is also putting into action, plans to add another 571 beds to the existing Clinical Establishments between now and 2017.



Geographically Diversified Asset Portfolio



- RHT Clinical Establishments
- Greenfield Clinical Establishments
- Operating Hospitals
- Operational Beds
- Installed Bed Capacity
- Potential Bed Capacity

Portfolio Valued at **S$991m**

12 RHT Clinical Establishments **(S$947m)**

4 Greenfield Clinical Establishments **(S$33m)**

2 Operating Hospitals **(S$11m)**

Note:

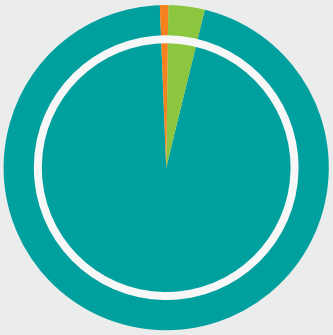
(1) No. of beds and installed capacities as of 31 March 2015. Potential Bed Capacity assumes all planned phases of development and construction are completed in respect of the Greenfield Clinical Establishments.

(2) Based on S$1 = INR 45.43 as at 31 March 2015. The appraised value of each of the portfolio assets by the independent valuer is as at 31 March 2015.

Geographically Diversified Asset Portfolio

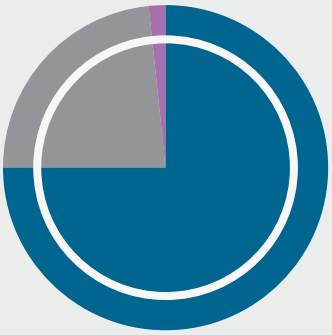
SOLID PORTFOLIO CHARACTERISTICS

Income-generating Assets Account for Vast Majority of Portfolio



RHT Clinical Establishments	95.5%
Greenfield Clinical Establishments	3.4%
Operating Hospitals	1.1%

Substantial Portion of Portfolio Comprise Long-Term Lease/Freehold Land



Freehold	75.0%
≥ 50 years Remaining Lease Life	23.3%
< 50 years Remaining Lease Life	1.7%

Portfolio Valuation Breakdown (FY15)(1)

The Gurgaon CE and Shalimar Bagh CE owned by FHTL 49% with 51% owned by FHML. Currently, RHT has the 100% economic interest.

NO SINGLE ASSET ACCOUNTS FOR >25% OF RHT'S REVENUES

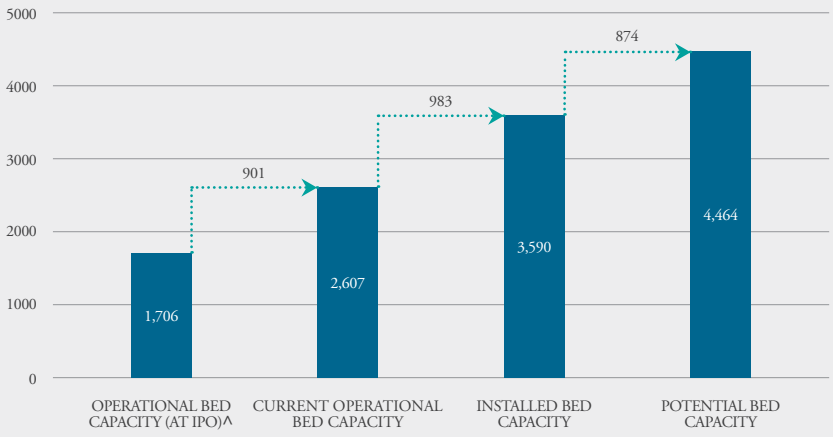
FY15 Revenue Contribution



Rajajinagar	3%	BG Road	7%
Noida	10%	Kalyan	1%
Faridabad	3%	Mulund	11%
Amritsar	3%	Anandpur	4%
Jaipur	8%	Gurgaon	23%
Malar	3%	Mohali	7%
Shalimar Bagh	14%	Nagarbhavi	3%

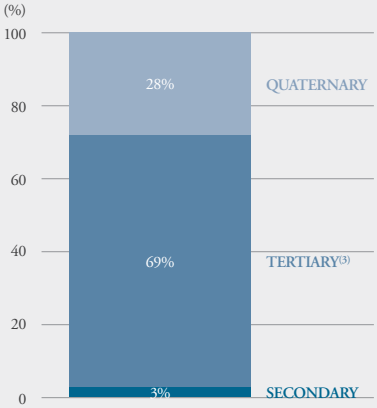
STRONG GROWTH FROM CAPACITY EXPANSION WITH MINIMAL CAPEX

Number of Beds(2)



POTENTIAL TO PROVIDE HIGHER END AND MORE ADVANCED SERVICES

Portfolio Valuation % (FY15)(1)



Note:

(1) Weighted by portfolio valuation. Assets are independently valued by the Independent Valuer in INR as at 31 Mar 2015.

(2) Current Operational Bed Capacity include those of Mohali Clinical Establishment. Installed Bed Capacity refers to the maximum number of beds that can be operated at each hospital without further expansion. Potential Bed Capacity refers to the maximum number of beds that can operate at each hospital when all stages of development are completed.

(3) Includes Secondary/Tertiary Services.

^ Operational Bed figures at IPO exclude Gurgaon CE and Mohali CE.

Portfolio Summary
12 Clinical Establishments



Amritsar

ADDRESS
Amritsar

NATURE OF INTEREST
Freehold

HOSPITAL SERVICES COMPANY
International Hospital Limited (IHL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

NAME OF FORTIS HOSPITAL
Fortis Escorts Hospital, Amritsar

CARE TYPE
Secondary and Tertiary

APPROXIMATE LAND SIZE (SQ FT)
200,374

APPROXIMATE BUILT-UP AREA (SQ FT)
145,948

OPERATIONAL BEDS AS AT 31 MARCH 2015
153

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
166

OCCUPANCY
85%
(**FY14:** 80%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
1,182 (S$26.02m)*
(**FY14:** 1,164 (S$24.37m)#)

SERVICE INCOME (S$ M)
3.70[1]
(**FY14:** 3.42)[2]

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.
1 based on an average exchange rate of S$1 = INR 47.41 as at 31 March 2015.
2 based on an average exchange rate of S$1 = INR 48.27 as at 31 March 2014.

DESCRIPTION

Amritsar Clinical Establishment is a multi-specialty hospital, located in the north eastern part of Amritsar. The hospital commenced operations in 2003 and its key specialties are cardiac sciences, neurosciences, urology and nephrology, medical and surgical gastroenterology, medical and surgical oncology, orthopaedics and joint replacement.

Amritsar is an important city in Punjab with good connectivity to other parts of the state and India, and is a major commercial and cultural centre. It has a bed to population ratio of 1.3 per 1,000 population, considering its total primary and secondary catchment population. As of 2011, Amritsar requires an additional 3,527 beds over and above the existing supply of 6,989 beds to cater to its direct primary and secondary catchment population of 5.2 million.

AWARDS & ACCOLADES

- NABH accredited

Portfolio Summary
12 Clinical Establishments



Bengaluru, BG Road

ADDRESS
Bangalore

NATURE OF INTEREST
Freehold

HOSPITAL SERVICES COMPANY
International Hospital Limited (IHL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

NAME OF FORTIS HOSPITAL
Fortis Hospital, Bannerghatta Road, Bengaluru

CARE TYPE
Quaternary

APPROXIMATE LAND SIZE (SQ FT)
130,680

APPROXIMATE BUILT-UP AREA (SQ FT)
328,815

OPERATIONAL BEDS AS AT 31 MARCH 2015
255

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
255

OCCUPANCY
74%
(**FY14:** 76%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
2,951 (S$64.95m)*
(**FY14:** 2,769 (S$58.02m)#)

SERVICE INCOME (S$ M)
9.78[1]
(**FY14:** 9.00)[2]

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.
1 based on an average exchange rate of S$1 = INR 47.41 as at 31 March 2015.
2 based on an average exchange rate of S$1 = INR 48.27 as at 31 March 2014.

DESCRIPTION

BG Road Clinical Establishment is a super specialty hospital and is located on Bannerghatta Road, opposite the Indian Institute of Management, Bengaluru. The hospital commenced operations in 2006 and its key specialties are cardiac care, neurosciences, orthopaedics, renal care and gynaecology.

Bengaluru is the capital of the Indian state of Karnataka, known as the Garden City, and is India's fifth most populous urban agglomeration. It is also known as the Silicon Valley of India because of its position as the nation's leading IT exporter. It has a bed to population ratio of 1.4 per 1,000 population for its primary and secondary catchment population. As of 2011, Bengaluru requires an additional 12,891 beds over and above the existing supply of 30,869 beds to cater to its direct primary and secondary catchment population of 21.9 million.

AWARDS & ACCOLADES

- Joint Commission International (JCI) accreditation
- Awarded the JCI accreditation for the third term in a row in May 2014
- No. 4 on 2013 World's Best Hospitals list for Medical Tourists
- Recognized for the 5th consecutive year by the Medical Travel Quality Alliance (MTQUA) and ranked 3rd amongst Top 20 hospitals across the globe in its annual rankings
- Received National Energy Conservation Award 2014
- Ranked no. 2 as best multispecialty hospital in respective city, The Week Magazine Awards
- NABH accredited

Portfolio Summary
12 Clinical Establishments



Chennai, Malar

ADDRESS
Chennai

NATURE OF INTEREST
Freehold

HOSPITAL SERVICES COMPANY
Fortis Health Management Limited (FHML)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

NAME OF FORTIS HOSPITAL
Fortis Malar Hospital

CARE TYPE
Secondary and Tertiary

APPROXIMATE LAND SIZE (SQ FT)
39,195

APPROXIMATE BUILT-UP AREA (SQ FT)
107,922

OPERATIONAL BEDS AS AT 31 MARCH 2015
167

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
178

OCCUPANCY
60%
(**FY14:** 60%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
814 (S$17.92m)*
(**FY14:** 753 (S$15.77m)#)

SERVICE INCOME (S$ M)
3.75[1]
(**FY14:** 3.49)[2]

DESCRIPTION

Malar Clinical Establishment is a multi-specialty secondary and tertiary hospital, located on Gandhi Nagar First Main Road, Adyar, Chennai. The hospital was established in 1992 and its key specialties are cardiac sciences, neurosciences, orthopaedics, renal sciences and gynaecology.

Chennai is the fourth most populous metropolitan city and the sixth most populous city in India. The urban agglomeration of metropolitan Chennai has an estimated population over 8.2 million.

Chennai's economy has a broad industrial base in the automobile, computer, technology, hardware manufacturing, and healthcare industries. Chennai zone contributes 39.0% of the state's GDP. It has a bed to population ratio of 1.6 per 1,000 population for its primary and secondary catchment area population. As of 2011, Chennai requires an additional 7,413 beds over and above the existing supply of 31,659 beds to cater to its direct primary and secondary catchment population of 19.5 million.

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.
1 based on an average exchange rate of S$1 = INR 47.41 as at 31 March 2015.
2 based on an average exchange rate of S$1 = INR 48.27 as at 31 March 2014.

Portfolio Summary
12 Clinical Establishments



Faridabad

ADDRESS
Faridabad

NATURE OF INTEREST
Freehold

HOSPITAL SERVICES COMPANY
International Hospital Limited (IHL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

NAME OF FORTIS HOSPITAL
Fortis Escorts Hospital, Faridabad

CARE TYPE
Secondary

APPROXIMATE LAND SIZE (SQ FT)
220,692

APPROXIMATE BUILT-UP AREA (SQ FT)
177,330

OPERATIONAL BEDS AS AT 31 MARCH 2015
203

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
210

OCCUPANCY
66%
(**FY14:** 78%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
958 (S$21.09m)*
(**FY14:** 936 (S$19.62m)#)

SERVICE INCOME (S$ M)
4.55[1]
(**FY14:** 4.56)[2]

DESCRIPTION

Faridabad Clinical Establishment is a multi-specialty secondary hospital, located on Neelam Bata Road in the New Industrial Township in Faridabad. The hospital was established in 1982 and its key specialties are cardiac sciences, neurosciences, orthopaedics, gynaecology, emergency services and gastroenterology.

Faridabad comes under the Gurgaon Division of Haryana and is about 25.0 km from Delhi. It is an important city and a major industrial and commercial center in Haryana. It has a bed to population ratio of 1.11 per 1,000 population for its primary and secondary catchment population. Faridabad requires an additional 3,213 beds over and above the existing supply of 4,033 beds to cater to its direct primary and secondary catchment population of 3.6 million.

AWARDS & ACCOLADES

- NABH accredited

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.
1 based on an average exchange rate of S$1 = INR 47.41 as at 31 March 2015.
2 based on an average exchange rate of S$1 = INR 48.27 as at 31 March 2014.

Portfolio Summary
12 Clinical Establishments



Gurgaon

ADDRESS
Gurgaon

NATURE OF INTEREST
Freehold

HOSPITAL SERVICES COMPANY
Fortis Hospotel Limited (FHTL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
49.0%

NAME OF FORTIS HOSPITAL
Fortis Escorts Hospital, Gurgaon

CARE TYPE
Tertiary

APPROXIMATE LAND SIZE (SQ FT)
466,117

APPROXIMATE BUILT-UP AREA (SQ FT)
711,140

OPERATIONAL BEDS AS AT 31 MARCH 2015
274

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
450

OCCUPANCY
62%
(**FY14:** 50%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
12,621 (S$277.82m)*
(**FY14:** 11,573 (S$242.47m)#)

SERVICE INCOME (S$ M)
30.50[1]
(**FY14:** 17.69)[2]

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.
1 based on an average exchange rate of S$1 = INR 47.41 as at 31 March 2015.
2 based on an average exchange rate of S$1 = INR 48.27 as at 31 March 2014.

DESCRIPTION

Gurgaon Clinical Establishment is a multi-specialty tertiary hospital, located in Sector 44, Gurgaon. The key specialties of the hospital are trauma, paediatrics, oncology, cardiac sciences, gynaecology and orthopaedics.

Gurgaon is the sixth largest city in the state of Haryana and one of the major cities of the National Capital Region (NCR). It is the main industrial and financial centre of Haryana, and is slated to be among the top 12 mega cities in India by 2021. It has the third highest per capita income in India and with over 40 malls, it is considered the Mall Capital of India. It has a bed to population ratio of 1.66 per 1,000 population for its primary and secondary catchment population. As of 2011, it requires an additional 1,010 beds over and above the existing supply of 5,034 beds to cater to its direct primary and secondary catchment population of 3.0 million.

AWARDS & ACCOLADES

- Recognised as a Green Building and received a 4 Star rating by TERI GRIHA (Green Rating for Integrating Habitat Assessment)
- No. 2 globally on '30 Most Technologically Advanced Hospitals in the World' by 'topmastersinhealthcare.com'
- "Green Hospital" for 2014 from the Association of Healthcare Providers India (AHPI)

Portfolio Summary
12 Clinical Establishments



Jaipur

ADDRESS
Jaipur

NATURE OF INTEREST
99-years leasehold commencing 24 November 1999

HOSPITAL SERVICES COMPANY
Escorts Heart and Super Specialty Institute Limited (EHSSIL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

NAME OF FORTIS HOSPITAL
Fortis Escorts Hospital, Jaipur

CARE TYPE
Tertiary

APPROXIMATE LAND SIZE (SQ FT)
290,945

APPROXIMATE BUILT-UP AREA (SQ FT)
343,648

OPERATIONAL BEDS AS AT 31 MARCH 2015
235

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
320

OCCUPANCY
78%
(**FY14:** 87%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
3,698 (S$81.40m)*
(**FY14:** 3,271 (S$68.52m)#)

SERVICE INCOME (S$ M)
11.04[1]
(**FY14:** 10.54)[2]

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.
1 based on an average exchange rate of S$1 = INR 47.41 as at 31 March 2015.
2 based on an average exchange rate of S$1 = INR 48.27 as at 31 March 2014.

DESCRIPTION

Jaipur Clinical Establishment is a multi-specialty tertiary hospital, located on the main road of Jawahar Lal Nehru Marg in Malviya Nagar, Jaipur. The hospital commenced operations in 2007 and its key specialties are cardiac sciences, orthopaedics, neurosciences, renal sciences, gynaecology and gastrointestinal diseases.

Jaipur is the capital and largest city of the state of Rajasthan. The city has a population of 3.1 million and is known as the Pink City of India. Jaipur is a centre for both traditional and modern industries.

AWARDS & ACCOLADES

- Six Sigma Healthcare Excellence Awards – 2013 'Best Hospital in 'Patient Care', Best Hospital in 'Patient Safety' and 'Best Hospital in Quality Initiatives'
- Recognised as the 'India's Top Hospital in Patient Safety' at the 4th National MT India Healthcare Award
- Ranked no. 2 as best multi-specialty hospital in respective city, The Week Magazine Awards
- NABH accredited
- National QCI award for two consecutive years
- FICCI Healthcare Excellence Award 2012
- Received the ILD Community Leadership Award 2012 which recognises CSR initiatives by the hospital

Portfolio Summary
12 Clinical Establishments



Kolkata

ADDRESS
Kolkata

NATURE OF INTEREST
99 years leasehold commencing August 2005 with an option to renew for another 99 years

HOSPITAL SERVICES COMPANY
International Hospital Limited (IHL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

NAME OF FORTIS HOSPITAL
Fortis Hospital, Anandpur, Kolkata

CARE TYPE
Tertiary

APPROXIMATE LAND SIZE (SQ FT)
64,863

APPROXIMATE BUILT-UP AREA (SQ FT)
295,038

OPERATIONAL BEDS AS AT 31 MARCH 2015
184

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
373

OCCUPANCY
77%
(**FY14:** 82%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
1,816 (S$39.98m)*
(**FY14:** 1,421 (S$29.77m)#)

SERVICE INCOME (S$ M)
5.40[1]
(**FY14:** 5.01)[2]

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.
1 based on an average exchange rate of S$1 = INR 47.41 as at 31 March 2015.
2 based on an average exchange rate of S$1 = INR 48.27 as at 31 March 2014.

DESCRIPTION

Kolkata Clinical Establishment is a super specialty tertiary hospital, located on the Eastern Metropolitan Bypass Road, approximately 9.0 km from the city centre. The key specialties of the hospital are cardiology and cardiac surgery, urology and nephrology, neurosciences, orthopaedics, renal sciences, emergency care and critical care.

Kolkata is the capital of the state of West Bengal. Located on the east bank of the Hooghly river, it is the principal commercial, cultural, and educational centre of East India, while the Port of Kolkata is India's oldest operating port as well as its sole major riverine port. Kolkata is the third most populous metropolitan area in India. As of 2011, the city had 4.5 million residents. The urban agglomeration, which comprises the city and its suburbs, was home to approximately 14.1 million residents.

AWARDS & ACCOLADES

- No. 2 Best Hospital in Multi-specialty category in Kolkata in a survey conducted by AC Nielson for The Week Magazine
- Received the prestigious National Energy Conservation Award from the President of India
- Received the CII Energy Efficient Unit Award 2014
- NABH accredited

Portfolio Summary
12 Clinical Establishments



Mohali

ADDRESS
Mohali

NATURE OF INTEREST
Freehold

HOSPITAL SERVICES COMPANY
Escorts Heart and Super Speciality Hospital Limited (EHSSHL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

NAME OF FORTIS HOSPITAL
Fortis Hospital, Mohali

CARE TYPE
Tertiary

APPROXIMATE LAND SIZE (SQ FT)
358,164

APPROXIMATE BUILT-UP AREA (SQ FT)
434,172

OPERATIONAL BEDS AS AT 31 MARCH 2015
344

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
355

OCCUPANCY
79%
(FY14: –)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
3,234 (S$71.18m)*
(FY14: –)

SERVICE INCOME (S$ M)
8.91[1]
(FY14: –)

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
1 based on an average exchange rate of S$1 = INR 47.41 as at 31 March 2015.

DESCRIPTION

The Mohali Clinical Establishment is located in Sector 62 of Mohali, a city close to Chandigarh in northwest India. It is a multi-specialty hospital which provides emergency trauma care services, and serves as a "hub" for a number of smaller, secondary hospitals in the surrounding areas. The hospital commenced operations in 2001 and its key specialties are cardiac sciences, orthopaedics and joint replacement, neurosciences, renal care, medical and surgical gastroenterology and medical and surgical oncology. The hospital includes a super-specialty cardiac center equipped to provide advanced cardiac treatments for all forms of heart disease, a cancer institute and a general multi-specialty hospital.

Chandigarh has a bed to population ratio of 1.5 per 1,000 population for its primary and secondary catchment area population. As of 2011, Chandigarh requires an additional 546 beds above the existing supply of 5,875 beds to cater to its direct primary and secondary catchment population of 3.2 million.

AWARDS & ACCOLADES

- JCI Accreditation – third time in 2013
- FICCI Healthcare Excellence Award 2009 (Healthcare Delivery)
- Won 'Best Multi-specialty Hospital (Non Metro)' Award during the first edition of "Doc N Doc Gammex Saviour Awards"
- CII Healthcare Award 2011 for Commitment to Excellence
- CII 14th National Award 2013 for excellence in Energy Management
- Best Case Award at TCTAP 2015
- Ranked no. 2 as best multi-specialty hospital in respective city, The Week Magazine Awards
- NABH accredited – fourth time in 2014
- Best Sustainable Hospital Project Award 2013 by HBJI-MEDGATE
- Best Multi-specialty Hospital in Mohali (Business & Service Excellence Awards 2013) by BIG Research
- Award for 'Quality beyond Accredition' 2014 by the Association of Healthcare Providers, India
- Amity CSR Award 2014

Portfolio Summary
12 Clinical Establishments



Mumbai, Kalyan

ADDRESS
Thane

NATURE OF INTEREST
Freehold

HOSPITAL SERVICES COMPANY
International Hospital Limited (IHL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

NAME OF FORTIS HOSPITAL
Fortis Kalyan Hospital, Mumbai

CARE TYPE
Tertiary

APPROXIMATE LAND SIZE (SQ FT)
19,623

APPROXIMATE BUILT-UP AREA (SQ FT)
25,881

OPERATIONAL BEDS AS AT 31 MARCH 2015
49

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
52

OCCUPANCY
89%
(**FY14:** 84%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
165 (S$3.62m)*
(**FY14:** 133 (S$2.80m)#)

SERVICE INCOME (S$ M)
1.03[1]
(**FY14:** 0.88)[2]

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.
1 based on an average exchange rate of S$1 = INR 47.41 as at 31 March 2015.
2 based on an average exchange rate of S$1 = INR 48.27 as at 31 March 2014.

DESCRIPTION

Kalyan Clinical Establishment is a multi-specialty tertiary hospital, located off Agra Road in Kalyan, Mumbai. The hospital commenced operations in 2007 and its key specialties are cardiac care, orthopaedics, neurology and renal sciences.

Mumbai is the capital of Maharashtra. It is the most populous city in India, and the fifth most populous city in the world. Along with the neighbouring urban areas, including the cities of Navi Mumbai and Thane, it is one of the most populous urban regions in the world. Mumbai is the commercial and entertainment capital of India; as of 2008, Mumbai's GDP was USD204.1 billion and its per capita income in 2009 was USD2,840 almost three times the national average. Mumbai has a bed to population ratio of 1.3 per 1,000 population for its primary and secondary catchment area population. As of 2011, Mumbai requires an additional 21,686 beds above the existing supply of 41,455 beds to cater to its direct primary and secondary catchment population of 31.6 million.

AWARDS & ACCOLADES

- NABH accredited for two consecutive years in 2013 and 2014

Portfolio Summary
12 Clinical Establishments



Mumbai, Mulund

ADDRESS
Mumbai

NATURE OF INTEREST
Right to operate and manage the land and building for 20 years with effect from 17 December 2009, with an option to renew for another 20 years

HOSPITAL SERVICES COMPANY
International Hospital Limited (IHL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

NAME OF FORTIS HOSPITAL
Fortis Mulund Hospital, Mumbai

CARE TYPE
Quaternary

APPROXIMATE LAND SIZE (SQ FT)
354,832

APPROXIMATE BUILT-UP AREA (SQ FT)
348,105

OPERATIONAL BEDS AS AT 31 MARCH 2015
259

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
567

OCCUPANCY
78%
(**FY14:** 78%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
5,039 (S$110.92m)*
(**FY14:** 4,548 (S$95.28m)#)

SERVICE INCOME (S$ M)
14.05[1]
(**FY14:** 13.18)[2]

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.
1 based on an average exchange rate of S$1 = INR 47.41 as at 31 March 2015.
2 based on an average exchange rate of S$1 = INR 48.27 as at 31 March 2014.

DESCRIPTION

Mulund Clinical Establishment is a multi-specialty quaternary hospital, and is located on the Goregaon Mulund Link Road in the north eastern part of Mumbai. The hospital was established in 2002 and its key specialties are cardiac sciences, oncology, neurosciences, orthopaedics and gynaecology.

Mumbai is the capital of Maharashtra. It is the most populous city in India, and the fifth most populous city in the world. Along with the neighbouring urban areas, including the cities of Navi Mumbai and Thane, it is one of the most populous urban regions in the world. Mumbai is the commercial and entertainment capital of India. As of 2008, Mumbai's GDP was USD204.1 billion and its per capita income in 2009 was USD2,840 almost three times the national average. Mumbai has a bed to population ratio of 1.3 per 1,000 population for its primary and secondary catchment area population. As of 2011, it requires an additional 21,686 beds above the existing supply of 41,455 beds to cater to its direct primary and secondary catchment population of 31.6 million.

AWARDS & ACCOLADES

- Received JCI Accreditation for the fourth consecutive year
- Stars of the Industry Healthcare Leadership Award 2014 (Best Patient Safety)
- FICCI Healthcare Award (Operational Excellence)
- FICCI 'Special Jury Recognition Award'
- Won three awards at the prestigious Asian Hospital Management Awards, 2014 ('Human Resources' and 'Patient Safety')
- Named 'Medical Team of the Year' at the first British Medical Journal Awards (BMJA) India 2014 for its outstanding Antibiotic Review Program and Antibiotic Restriction Policy
- Indian Healthcare Awards 2011 – Best Orthopaedic Hospital
- NABH accredited
- First NABH accredited Blood Bank in India
- Asian Hospital Management Awards 2014, Hat-trick – Patient Safety & HRD Category
- National Energy Conservation Award 2012

Portfolio Summary
12 Clinical Establishments



New Delhi, Shalimar Bagh

ADDRESS
New Delhi

NATURE OF INTEREST
Perpetual leasehold commencing December 2003

HOSPITAL SERVICES COMPANY
Fortis Hospotel Limited (FHTL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
49.0%

NAME OF FORTIS HOSPITAL
Fortis Hospital, Shalimar Bagh

CARE TYPE
Tertiary

APPROXIMATE LAND SIZE (SQ FT)
319,688

APPROXIMATE BUILT-UP AREA (SQ FT)
388,641

OPERATIONAL BEDS AS AT 31 MARCH 2015
200

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
350

OCCUPANCY
72%
(**FY14:** 82%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
6,192 (S$136.29m)*
(**FY14:** 5,625 (S$117.84m)#)

SERVICE INCOME (S$ M)
18.85[1]
(**FY14:** 17.90)[2]

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.
1 based on an average exchange rate of S$1 = INR 47.41 as at 31 March 2015.
2 based on an average exchange rate of S$1 = INR 48.27 as at 31 March 2014.

DESCRIPTION

Shalimar Bagh Clinical Establishment is a multi-specialty hospital. It is located in the northern part of Delhi. The hospital was established in 2010 and its key specialties are cardiac sciences, neurosciences, renal sciences, orthopaedics, obstetrics and gynaecology.

National Capital Territory of Delhi (NCT) is the largest metropolis by area and the second-largest metropolis by population in India. It comprises nine districts and three statutory towns and the capital of India, New Delhi, falls under the administration of the statutory town, New Delhi Municipal committee (NDMC). NCT has a bed to population ratio of 1.7 per 1,000 population for its primary catchment. As of 2011, NCT requires an additional 6,839 beds over and above the existing supply of 39,595 beds to cater to its direct primary and secondary catchment population of 23.2 million.

AWARDS & ACCOLADES

- Received a 3 Star rating by TERI GRIHA
- 1st Runner-up in FICCI HEAL Award 2014 (Poster Presentation)
- 3 Star rating by the Bureau of Energy Efficiency, Government of India, Ministry of Power
- FICCI HEAL Award 2014 for its excellence in branding, marketing and image building
- First prize in 'Best Poster Presentation' at National Conference of Consortium of Accredited Healthcare Organisations (CAHOCON 2015)
- NABH accredited

Portfolio Summary
12 Clinical Establishments



Noida

ADDRESS
Noida

NATURE OF INTEREST
90 years leasehold commencing 2 January 1996

HOSPITAL SERVICES COMPANY
International Hospital Limited (IHL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

NAME OF FORTIS HOSPITAL
Fortis Hospital, Noida

CARE TYPE
Quaternary

APPROXIMATE LAND SIZE (SQ FT)
241,111

APPROXIMATE BUILT-UP AREA (SQ FT)
271,568

OPERATIONAL BEDS AS AT 31 MARCH 2015
191

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
200

OCCUPANCY
77%
(**FY14:** 81%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
4,336 (S$95.43m)*
(**FY14:** 4,157 (S$87.09m)#)

SERVICE INCOME (S$ M)
12.82[1]
(**FY14:** 12.00)[2]

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.
1 based on an average exchange rate of S$1 = INR 47.41 as at 31 March 2015.
2 based on an average exchange rate of S$1 = INR 48.27 as at 31 March 2014.

DESCRIPTION

Noida Clinical Establishment is a multi-specialty quaternary hospital located in Sector 62, Noida. The hospital was established in 2004 and its key specialties are cardiac sciences, gynaecology, neurosciences, orthopaedics, renal sciences, gastroenterology and oncology services.

The New Okhla Industrial Development Authority (NOIDA) city was created under the Uttar Pradesh (UP) Industrial Area Development Act. It is located in Gautam Budh Nagar district of UP state and is only 14.0 km away from Connaught Place, Delhi. It is well connected via rail and road to key cities in UP and India. Noida has a bed to population ratio of 0.97 per 1,000 population for its primary and secondary catchment population. As of 2011, Noida requires an additional 3,458 beds over and above the existing supply of 3,268 beds to cater to its direct primary and secondary catchment population of 3.4 million.

AWARDS & ACCOLADES

- FICCI 'Private Sector Hospital' Award 2011
- National Energy Conservation Award 2011 – Second Prize
- FICCI Health Poster Presentation Award 2011

Portfolio Summary
2 Operating Hospitals



Bengaluru, Nagarbhavi

ADDRESS
Bengaluru

NATURE OF INTEREST
Six years sub-lease commencing 29 March 2011

HOSPITAL SERVICES COMPANY
Fortis Health Management Limited (FHML)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

NAME OF FORTIS HOSPITAL
Fortis Hospital, Nagarbhavi, Bengaluru

CARE TYPE
Secondary

APPROXIMATE LAND SIZE (SQ FT)
21,780

APPROXIMATE BUILT-UP AREA (SQ FT)
31,500

OPERATIONAL BEDS AS AT 31 MARCH 2015
45

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
62

OCCUPANCY
76%
(**FY14:** 80%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
261 (S$5.75m)*
(**FY14:** 151 (S$3.16m)#)

DESCRIPTION

The Nagarbhavi hosiptal operates under the name Fortis Hospital, Nagarbhavi in Bengaluru, South India. The hospital is well equipped with the ideal combination of people, processes and technology where it provides a range of specialised secondary healthcare, including non-invasive cardiac sciences, neurosciences,orthopaedics, renal sciences, gastro-enterology and oncology (chemotherapy only) services.

AWARDS & ACCOLADES

- National Energy Conservation Award
- NABH accredited

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.

Portfolio Summary
2 Operating Hospitals



Bengaluru, Rajajinagar

ADDRESS
Bengaluru

NATURE OF INTEREST
Four years ten months sub-lease commencing 1 June 2011 as well as a five year sub-lease commencing 1 September 2012

HOSPITAL SERVICES COMPANY
Kanishka Healthcare Limited (KHL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

NAME OF FORTIS HOSPITAL
Fortis Hospital, Rajajinagar, Bengaluru

CARE TYPE
Secondary

APPROXIMATE LAND SIZE (SQ FT)
10,800

APPROXIMATE BUILT-UP AREA (SQ FT)
19,361

OPERATIONAL BEDS AS AT 31 MARCH 2015
48

INSTALLED BED CAPACITY AS AT 31 MARCH 2015
52

OCCUPANCY
62%
(**FY14:** 68%)

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
245 (S$5.40m)*
(**FY14:** 90 (S$1.88m)#)

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.

DESCRIPTION
The Rajajinagar Operating Hospital begun operations in 2007. It is a multi-specialty hospital in Bengaluru, where it provides a range of specialised secondary healthcare, including non-invasive cardiac sciences, neurosciences, orthopaedics, renal sciences, gastro-enterology and oncology (chemotherapy only) services.

Portfolio Summary
4 Greenfield Clinical Establishments

LUDHIANA

ADDRESS
Ludhiana

NATURE OF INTEREST
Freehold

HOSPITAL SERVICES COMPANY
Hospitalia Eastern Private Limited (HEPL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

PROPOSED CARE TYPE
Quarternary

APPROXIMATE LAND SIZE (SQ FT)
20,835

PLANNED BUILT-UP AREA (SQ FT)
92,835

POTENTIAL BED CAPACITY AS AT 31 MARCH 2014
79

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
403 (S$8.88m)*
(**FY14:** 368 (S$7.72m)#)

DESCRIPTION
The proposed hospital at the Ludhiana Greenfield Clinical Establishment will be located on Mall Road, one of the prime commercial roads in Ludhiana. The project has commenced development and is expected to be completed by FY2017.

CHENNAI

ADDRESS
Chennai

NATURE OF INTEREST
Freehold

HOSPITAL SERVICES COMPANY
Hospitalia Eastern Private Limited (HEPL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

PROPOSED CARE TYPE
Quarternary

APPROXIMATE LAND SIZE (SQ FT)
13,050

PLANNED BUILT-UP AREA (SQ FT)
38,072

POTENTIAL BED CAPACITY AS AT 31 MARCH 2014
45

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
221 (S$4.85m)*
(**FY14:** 218 (S$4.56m)#)

DESCRIPTION
The Chennai Greenfield Clinical Establishment will be located on First Main Road, Gandhi Nagar, and will be an expansion to the Chennai, Malar Clinical Establishment. This is still in the development phase and pending approval from the local state authorities to proceed with the expansion.

HYDERABAD

ADDRESS
Hyderabad

NATURE OF INTEREST
33-year leasehold

HOSPITAL SERVICES COMPANY
Hospitalia Eastern Private Limited (HEPL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

PROPOSED CARE TYPE
Tertiary

APPROXIMATE LAND SIZE (SQ FT)
174,240

PLANNED BUILT-UP AREA (SQ FT)
400,000

POTENTIAL BED CAPACITY AS AT 31 MARCH 2015
400

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
270 (S$5.95m)*
(**FY14:** 255 (S$5.35m)#)

DESCRIPTION
The Hyderabad Greenfield Clinical Establishment is located on the Kukatpally-Madhapur main road. The Hyderabad Greenfield Establishment is currently at a preliminary development stage. We are awaiting permission from the Hyderabad Metropolitan Development Authority for the proposed development.

GREATER NOIDA

ADDRESS
Greater Noida

NATURE OF INTEREST
90-year leasehold commencing 24 December 2004

HOSPITAL SERVICES COMPANY
International Hospital Limited (IHL)

INTEREST OF RHT IN HOSPITAL SERVICES COMPANY
100.0%

PROPOSED CARE TYPE
Tertiary

APPROXIMATE LAND SIZE (SQ FT)
212,868

PLANNED BUILT-UP AREA (SQ FT)
350,000

POTENTIAL BED CAPACITY AS AT 31 MARCH 2015
350

APPRAISED VALUE BY THE INDEPENDENT VALUER AS AT 31 MARCH 2015 (INR M)
622 (S$13.70m)*
(**FY14:** 558 (S$11.68m)#)

DESCRIPTION
The Greater Noida Greenfield Clinical Establishment is located on Plot No. 2C, Sector Knowledge Park III, Greater Noida Industrial Development Area, Greater Noida. The Greater Noida Greenfield Clinical Establishment is currently at the preliminary planning stage.

* based on an exchange rate of S$1 = INR 45.43 as at 31 March 2015.
\# based on an exchange rate of S$1 = INR 47.73 as at 31 March 2014.

Corporate Governance Report

Religare Health Trust ("RHT" or the "Trust") is constituted as a business trust under the Business Trusts Act, Chapter 31A of Singapore ("BTA") and is externally managed by Religare Health Trust Trustee Manager Pte. Ltd. ("RHT TM" or the "Trustee-Manager"). The Trustee-Manager recognises the importance of upholding high corporate governance standards, which will serve to safeguard the interests of unitholders and contribute to the success of RHT. Under the BTA, the Trustee-Manager is also obliged to act in the best interests of the unitholders as a whole.

The Trustee-Manager has chosen to use the Code of Corporate Governance 2012 ("CG Code 2012") as its benchmark for best corporate governance practices and has set up policies and practices with the CG Code 2012 in mind. The Trustee Manager has also incorporated specific provisions under the Business Trusts Regulations ("BTR") which may be required of the Trustee-Manager in its corporate governance framework. We have described the main corporate governance policies and practices which the Trustee-Manager has in put place, with reference to the CG Code 2012.

THE BOARD'S CONDUCT OF AFFAIRS

Principle 1: Every company should be headed by an effective Board to lead and control the company. The Board is collectively responsible for the long-term success of the company. The Board works with Management to achieve this objective and Management remains accountable to the Board.

The Board of RHT TM (the "Board") provides the strategic direction for RHT, and guides management of RHT TM in achieving efficient management of the Trust. Along with monitoring the achievement of these goals, the Board is also responsible for ensuring that the management has a framework of internal and risk management controls in place, which help RHT to achieve its goals while taking into account the interest of its unitholders.

To assist the Board in the discharge of its duties, a total of 4 committees have been set up with their own terms of reference. These four committees are:

(i) the Audit & Risk Management Committee ("ARMC");
(ii) the Nominating Committee ("NC");
(iii) the Remuneration Committee ("RC"); and
(iv) the Executive Committee ("Exco").

The terms of reference for each committee, as well as the members of each committee (together with their role in the committee and whether they are independent/executive) are as described in the Appendix to this Corporate Governance Report ("CG Report").

The Board of Directors meet at least 4 times a year to review and approve the financial results of RHT as well as receive key reports from both the external professionals such as the internal auditors, and senior management. As and when warranted by circumstances, Board meetings are also held outside of the quarterly meetings to discuss the strategies, policies or key activities of RHT such as acquisitions and disposals. Under the Articles of Association of the Trustee-Manager, board meetings are permitted to be held via way of conference by telephone or by means of similar communication equipment whereby all persons participating in the meeting are able to hear each other.

The current Directors and details of their membership on Board committees, number of Board and Committee meetings held for FY2015 between 1 April 2014 to 31 March 2015, as well as their attendance at these meetings are disclosed in the table below.

Board of Directors	Appointed
Mr Ravi Mehrotra, Executive Chairman	7 September 2012
Mr Gurpreet Singh Dhillon, Executive Director & CEO	22 July 2011 (reappointed on 28 July 2014)
Mr Pawanpreet Singh, Executive Director & CFO	1 January 2013
Mr Eng Meng Leong, Independent Director	1 July 2013
Mr Sydney Michael Hwang, Independent Director	7 September 2012
Dr Yogendra Nath Mathur, Lead Independent Director	7 September 2012
Mr Peter Joseph Seymour Rowe, Independent Director	7 September 2012

Corporate Governance Report

Board Committees & Members

Audit & Risk Management Committee

1. Mr Peter Joseph Seymour Rowe, Chairman
2. Mr Eng Meng Leong
3. Dr Yogendra Nath Mathur

Nominating Committee

1. Mr Sydney Michael Hwang, Chairman
2. Mr Ravi Mehrotra
3. Dr Yogendra Nath Mathur

Remuneration Committee

1. Mr Eng Meng Leong, Chairman
2. Mr Sydney Michael Hwang
3. Mr Peter Joseph Seymour Rowe

Executive Committee

1. Mr Ravi Mehrotra, Chairman
2. Mr Gurpreet Singh Dhillon
3. Mr Pawanpreet Singh

NAME	BOARD		AUDIT COMMITTEE		NOMINATING COMMITTEE		REMUNERATION COMMITTEE		EXECUTIVE COMMITTEE	
	No. of meetings held	No. of meetings attended	No. of meetings held	No. of meetings attended	No. of meetings held	No. of meetings attended	No. of meetings held	No. of meetings attended	No. of meetings held	No. of meetings attended
Ravi Mehrotra	6	6	–	–	2	2	–	–	4	4
Gurpreet Singh Dhillon	6	6	–	–	–	–	–	–	4	4
Pawanpreet Singh	6	6	–	–	–	–	–	–	4	4
Eng Meng Leong	6	6	5	5	–	–	3	3	–	–
Sydney Michael Hwang	6	6	–	–	2	2	3	3	–	–
Dr Yogendra Nath Mathur	6	6	5	5	2	2	–	–	–	–
Peter Joseph Seymour Rowe	6	6	5	5	–	–	3	3	–	–

The Trustee-Manager has formalised the matters which are specifically reserved for decision and approval by the Board. These matters are in relation to:

(a) RHT's long term objectives and strategy, including internal limits on authority in relation to investments, acquisitions and disposals, capital expenditures.
(b) changes to RHT's structure and capital, including new unit issuances, new material debt facilities.
(c) financial reporting and internal risk controls, including significant changes in accounting policies, review of interested party transactions, conflicts of interests situations and corporate governance arrangements.
(d) communication to regulators or unitholders involving matters which has been deliberated or approved by the Board.

The Board has also delegated the management of the day to day operations to the Management of RHT TM, and the decision making over certain operational matters to the Exco. The scope within which the Exco has authority over the day to day operations of the Trust has been approved by the Board. The Exco comprise wholly of Executive Directors, and all decisions undertaken by the Exco are reported back to the Board on a quarterly basis.

Newly appointed directors to the Board of RHT TM are issued with an appointment letter that spells out his duties and obligations as a director. They will also be briefed by senior management on the business of RHT as well as the key policies and Board processes. Material documents pertaining to RHT are also made available to the new Directors. Where there are first time directors being appointed to the Board, they will be

provided external training by professional providers, such as the Singapore Institute of Directors, on what they need to know as a director of a listed company in Singapore. The Independent Directors conduct a site visit to India every year where the assets of RHT are located. During the site visit, the Independent Directors will also meet with the senior management of RHT and other external professionals based in India such as the internal auditors and external auditors.

The Trustee-Manager monitors new laws, regulations and rules that are implemented, for implications on RHT and RHT TM. Where relevant, Directors are updated about the changes to existing or new rules and regulations. There have been briefings conducted during board meetings whereby either the senior management or external professionals have been requested to brief the Directors on new developments or when the Board deems that expert advice is required in order to formulate key decisions. In FY2015, the Board of Directors received a briefing by an external lawyer on the changes to the Singapore Companies Act, Chapter 50. Management also updated the Board on the consultation paper issued in October 2014 by the Monetary Authority of Singapore on the proposed changes to the real estate investment trust (REIT) rules in order to strengthen the REIT market in Singapore. There was also a briefing by our internal auditors to the members of the ARMC on the Guidebook for Audit Committees in Singapore (2nd edition) which was released in August 2014.

BOARD'S COMPOSITION AND GUIDANCE

Principle 2: There should be a strong and independent element on the Board, which is able to exercise objective judgement on corporate affairs independently, in particular, from Management and 10% shareholders. No individual or small group of individuals should be allowed to dominate the Board's decision making.

The Board of RHT TM is made up of 7 Directors, of which a majority or 4 of the Directors are independent and non-executive Directors. The remaining 3 Directors, including the Chairman of the Board, are executive and non-independent Directors.

Under the BTR, Sections 3 and 4, on the composition of the Board of a trustee-manager, it is also provided that:

(a) at least a majority of the directors shall be independent from management and business relationships[1] with the Trustee-Manger;
(b) at least one-third of the directors shall be independent from management and business relationships with the trustee-manager and from every substantial shareholder of the trustee-manager; and
(c) at least a majority of the directors shall be independent from any single substantial shareholder[2] of the trustee-manager

Once every year, and as and when the circumstances require, the NC will assess the independence of each Director. The Nominating Committee has carried out its assessment, and with the concurrence of the Board had considered and found Mr Sydney Michael Hwang, Mr Eng Meng Leong, Dr Yogendra Nath Mathur and Mr Peter Joseph Seymour Rowe to be independent from:

(i) the management and business relationships with the Trustee-Manager;
(ii) the management and business relations with Religare Entreprises Limited (the substantial shareholder of the Trustee-Manager) and its related corporations; and
(iii) Fortis Healthcare Limited (the substantial shareholder of RHT) and their related corporations.

Mr Ravi Mehrotra, our Executive Chairman, Mr Gurpreet Singh Dhillon, our Chief Executive Officer and Mr Pawanpreet Singh, our Chief Financial Officer are not considered to be independent under the CG Code 2012 and /or the BTR Sections 3 and 4.

The current Board comprises of 7 Directors with extensive experience in various fields ranging from legal, investments, tax, finance and accounting to healthcare. The NC has evaluated the size and composition of the Board and is of the view that the size of the Board is appropriate in relation to the scale of operations of RHT, and possesses the requisite experience for managing a healthcare infrastructure related trust such as RHT.

CHAIRMAN AND EXECUTIVE OFFICER

Principle 3: There should be a clear division of responsibilities between the leadership of the Board and the executives responsible for managing the company's business. No one individual should represent a concentration of power.

The positions of the Chairman of the Board and the CEO are held by two separate persons, so that there is an effective segregation of duties and accountability. The Board of RHT TM is led by our Executive Chairman, Mr Ravi Mehrotra and Mr Gurpreet Singh Dhillon is our CEO. Both Mr Ravi Mehrotra and Mr Gurpreet Singh Dhillon are not immediate family members. As Chairman of the Board, Mr Ravi Mehrotra sets the agenda for the Board meetings, engages the Directors in discussing and debating on issues while working towards important decisions. The Chairman also serves to encourage constructive relations within the Board and between the Board and management.

1 Independent from management and business relationships with Trustee-Manager as defined under Section 3 of the BTR.

2 Independent from substantial shareholder of the Trustee-Manager as defined under Section 4 of the BTR.

Corporate Governance Report

As Executive Chairman of the Board, Mr Ravi Mehrotra plays a key role in guiding the strategy of RHT and monitoring the performance of the management. The CEO is responsible for managing the daily operations of the Trust and the Trustee-Manager in accordance with the business plans and strategies as set out by the Board.

There is clear segregation of roles within the Board and the ARMC, NC and RC each have their own terms of reference and responsibilities. The three Committees are each headed by a different independent Director, and there is no individual Director on the Board who has a considerable concentration of power.

We have a lead independent Director, Dr Mathur who serves as a conduit between unitholders and the Board wherever there are concerns from unitholders.

The independent directors have private sessions without the presence of management, and also have feedback sessions with the Chairman without management around.

BOARD MEMBERSHIP

Principle 4: There should be a formal and transparent process for the appointment and re-appointment of directors to the Board.

The Board had approved the establishment of an NC comprising of a majority of independent directors, including the lead independent director. The role of the NC under its terms of reference as approved by the Board includes making recommendations on:

(i) the review of board succession plans for directors, in particular the Chairman and CEO;
(ii) the development of a process for evaluation of the performance of the Board, its board committees and directors;
(iii) the review of training and professional development programs for the Board; and
(iv) the appointment and re-appointment of directors

In the appointment of new Directors, the Board follows a process of shortlisting suitable candidates based on a set of criteria. This set of criteria is drawn up after evaluating on the roles and expertise that is required of the new director and the needs of the Board. The potential candidates may originate from various sources such as recommendations from the management and Directors, the Singapore Institute of Directors or utilising external search consultants. The shortlisted candidates were put forth to the Nominating Committee for consideration, with the final candidate as selected by the NC being put to the Board for approval.

Under the appointment letters signed with the Directors that are appointed to the Board of RHT TM, the Directors are required to put themselves up for re-nomination and re-election once every 3 years.

The NC is also tasked with ascertaining if each Director, having multiple directorships, is able and has been adequately carrying out his duties as a Director. This review is done by the NC once a year, and takes into consideration the director's number of listed company board representations and other principal commitments. The NC holds the view that the number of directorships held by a Director does not determine the performance of the Director. A Director's performance is assessed based on a number of factors including their time commitment towards Board meetings and discussions, their ability to draw on their experience to contribute to the strategy and decision makings required of the Board. As such, the NC proposed with the concurrence of the Board, to not fix a limit on the number of directorships which a Director may hold but rather to assess the performance of each Director as a whole.

Information on the directors in terms of their academic and professional qualifications is contained on pages 16 to 17 of the Annual Report. The information on the Directors including the board committees served on, date of first appointment, directorships and chairmanships both present and past held over the preceding 3 years in other listed companies, and other principal commitments are disclosed on pages 41 to 56 of the Annual Report.

BOARD PERFORMANCE

Principle 5: There should be a formal annual assessment of the effectiveness of the Board as a whole and its board committees and the contribution by each director to the effectiveness of the Board.

An annual formal assessment is conducted on the effectiveness of the Board, the Board Committees and on each Director. The assessment is conducted using an evaluation form which is constantly updated for relevance. The evaluation form seeks feedback from each Director, on a confidential basis, on their views relating to:

(a) Board composition and size;
(b) Board and Committee process;

(c) Board's effectiveness and training;
(d) Board's Committees;
(e) Board Committee process;
(f) provision of information to the Board;
(g) standards of conduct;
(h) assessment of the financial performance of RHT; and
(i) Board compensation.

For the annual assessment conducted in respect of the financial year ended 31 March 2015 ("FY2015"), the Company Secretary was responsible for sending and collating the information provided by each Director in response to evaluation form. The results of the evaluation survey were then presented to the NC for its assessment and recommendations. In formulating the feedback form, attention was given to ensuring feedback was sought from the Directors on the core areas, whilst also providing room for each Director to freely express their opinions on other matters in a confidential manner. The results of the evaluation, and the NC's recommendations were put up to the Board for their concurrence.

ACCESS TO INFORMATION

Principle 6: In order to fulfil their responsibilities, directors should be provided with complete, adequate and timely information prior to board meetings and on an on-going basis so as to enable them to make informal decisions to discharge their duties and responsibilities.

Management provides the Board with monthly reports, in addition to board papers on matters which are tabled during the Committee or Board meetings. Under our internal guidelines, Board papers are to be sent to the Board seven days before the meeting takes place. Directors are also entitled to request for separate and independent access to the management, the company secretary or external professionals in order to gain a better understanding of the matter. The Chairman of the ARMC meets separately on a regular basis with each of the management, the internal auditor and external auditor. Such meetings take place on a quarterly basis with the management and internal auditors, and on a half yearly basis with the external auditor. As stipulated in the Director's appointment letter, they are also entitled to seek independent professional advice relating to their role and responsibility as a Director of RHT TM.

The management provides the Board with a report each month on the operating environment and management financials of RHT. During the quarterly Board meetings, matters such as the financial results, the report from the independent auditors, management's internal risk assessment report, business and operational updates for the quarter would be put up for the Board's review. Once a year, the strategy, forecast and annual budget are presented for the Board's review and approval. On an on-going basis, where there are material variances against the forecast and actual financial figures, explanations would be provided.

The Company Secretary attends all Board and Board Committee meetings and is responsible for keeping accurate minutes on the proceedings. Their advice on matters relating to corporate governance may also be sought during these meetings. The Head of Compliance in RHT TM works together with the Company Secretary to ensure good and timely information flow to the Board of Directors. Any change to the Company Secretary has to be approved by the Board.

REMUNERATION MATTERS

Principle 7: There should be a formal and transparent procedure for developing policy on executive remuneration and for fixing remuneration packages of individual directors. No director should be involved in fixing his own remuneration.

Principle 8: The level and structure of remuneration should be aligned with the long term interest and risk policies of the company, and should be appropriate to attract, retain and motivate (a) the directors to provide good stewardship of the company, and (b) key management personnel to successfully manage the company. However, companies should avoid paying more than is necessary for this purpose.

Principle 9: Every company should provide clear disclosure of its remuneration policies, level and mix of remuneration, and the procedure for setting remuneration, in the company's Annual Report. It should provide disclosure in relation to its remuneration policies to enable investors to understand the link between remuneration paid to Directors and key personnel, and performance.

The Board had approved the establishment of a RC with its own terms of reference. The members of the RC and the terms of reference of the RC is as set out in the Appendix of this CG Report. The RC comprises entirely of independent non-executive Directors, and they are responsible for reviewing the reviewing the compensation policy and structure of the Directors and the key management.

In the RC meetings held in May 2014 and February 2015, the RC had reviewed the compensation structure for the Directors, as well as the compensation structure and package for the key management of RHT TM respectively. Under RHT TM's compensation structure for its Directors, Executive Directors are not paid any Director's fee, while Non-Executive Directors are paid a base fee, with a variable fee for every additional role which each Director may take on. This serves to compensate the Directors according to the amount of responsibility, time and effort required of

their roles. In general, the Chairman of the Board and Board Committees would be paid higher variable fees compared to that of members of the Committees. The remuneration framework for the non-Executive Directors is as shown in the following table.

Fee	Base Fee	Variable Fee	
Executive Director	Nil	Nil	
Non-Executive Director	Base Fee (BF) p.a.	**Chairman**	**Member of Committee**
		50% of BF as Chairman of Board/ARMC	15% of Base Fee
		25% of BF as Chairman of RC/NC	

Non-Executive Directors' fees are benchmarked against the market and industry levels to ensure that the amounts are sufficient to motivate and attract Directors, without being too generous to pose a potential compromise of the independence of the Directors. The remuneration that is paid to the Directors of RHT TM are determined and paid from RHT TM (in its personal capacity) as approved by its shareholder RGAM Corporate Private Limited, and not out of RHT Trust property. Directors' fees paid to each of the following non-Executive Directors for FY2015 did not exceed S$250,000:

Mr Eng Meng Leong;
Mr Sydney Michael Hwang;
Dr Yogendra Nath Mathur;
Mr Peter Joseph Seymour Rowe.

Once a year, a review is carried out of the remuneration framework and the amounts paid to key management of RHT and RHT TM. The Trustee-Manager has put in place a performance based remuneration framework for its key management. Currently, the key management of RHT TM, including the Chief Executive Officer ("CEO"), are paid a fixed yearly salary with a performance related bonus that is tied to the performance of RHT which takes into factors such as amount distributed to unitholders, growth of asset under management. This serves to align management's performance to that of the Trust. To assist the RC in their assessment on the appropriate compensation level for key management, a report is commissioned yearly to provide information on the remuneration paid by comparable peers in the industry. Similar to the Directors, key management and employees of RHT TM are paid by the Trustee-Manager out of its own funds, and not out of RHT Trust property. There is no other remuneration in kind that is paid to the key management. There is also no employee of the Trustee-Manager who is an immediate family member of a Director or CEO, and whose remuneration exceeded S$50,000 in FY2015.

Currently, none of the Directors or key management has a service contract with RHT TM that contain provisions on termination benefits.

ACCOUNTABILITY AND AUDIT

Principle 10: The Board should present a balanced and understandable assessment of the company's performance, position and prospects.

The Board is committed to providing unitholders of RHT with a balanced and understandable assessment of RHT's performance, position and prospects. The financial results of RHT as well as any other material price sensitive information are disseminated out via the SGXNET through the website of RHT, as well as via investors meetings and quarterly conference calls with investors.

As mentioned under Principle 6 on Access to Information, the Board is provided with a monthly report on RHT, which summarises the key financial performance of RHT against that forecasted, as well as the business environment and pertinent operations of RHT. Where there are material differences from month to month, explanations are provided to the Board.

AUDIT COMMITTEE

Principle 12: The Board should establish an Audit Committee with written terms of reference which clearly set out its authority and duties.

The members of the Audit & Risk Management Committee ("ARMC") of RHT TM are appointed from among the Directors of the Board and comprise of 3 non-executive independent Directors. They are:

(1) Mr Peter Joseph Seymour Rowe, Chairman
(2) Mr Eng Meng Leong
(3) Dr Yogendra Nath Mathur

The background and qualifications of the ARMC members are set out on pages 16 to 17 of the Annual Report. The terms of reference of the ARMC are set out in the Appendix of this CG Report. Within the role and function of the ARMC, it is provided that the ARMC may investigate any matter within the ARMC's terms of reference, whenever it deems necessary, where it should have full access to and cooperation by the management and full discretion to invite any Director or executive officer to attend its meetings, and reasonable resources to enable it to discharge its functions properly.

The ARMC met 5 times in FY2015. During the year, the ARMC reviewed the quarterly and full year results, including the adequacy of disclosures as well as the key changes in accounting policies applied. Management is kept abreast of changes in the accounting standards by both the external auditors and other sources. Every year, management performs a diagnostic of the changes to the accounting standards applicable to RHT, and brief the ARMC and Board about such changes.

On a quarterly basis, the ARMC reviews the reports from the internal auditors with respect to their findings, as well as from the internal risk committee of RHT TM on changes in key risks and policies affecting RHT. There are also quarterly reports provided by the management to the ARMC on the actions taken to resolve previous internal audit findings. In addition, management prepares a liquidity report on RHT for the ARMC's information and review. Key policies are reviewed by management on a regular basis to ensure that they are up to date and, where applicable, are put up to the ARMC for approval to be put to the Board.

All interested party transactions ("IPT") are tabled to the ARMC, including the terms on which the IPT were conducted. This is in accordance with our IPT policy, which sets out the procedure whereby such transactions are identified, reported and recorded down in the IPT register. The terms of the transactions, including information to support that the transactions are conducted on normal commercial terms, are also recorded in the register.

Details of the IPT entered into between the RHT Group and with interested persons (including Fortis, Religare Enterprises Limited and their respective subsidiaries and associates) during the course of the current financial year ending 31 March 2015 which fall under the Listing Manual of the SGX-ST are set out below.

No.	Interested Person	Nature of Transaction	Value of Transaction (S$)[1]	Percentage of NTA[2]
1.	Religare Invesco Mutual Fund	Investment as a treasury transaction	9,063,082.81	1.44%
2.	Religare Healthworld Ltd	Revenue share from pharmaceutical operations	1,180,561.02	0.19%
3.	Religare Infrafacilities Ltd	Rental and administrative charges for RHT Corporate office in India	144,480.29	0.02%
4.	SRL Ltd	Revenue share from pathology operations	385,013.39	0.06%
5.	Religare Health Insurance Company Ltd	Medical and accident policy for RHT India staff	55,262.80	0.01%
			10,828,400.31	**1.72%**

[1] Values are converted at the end of each month as per the prevailing exchange rate at that month end.

[2] Based on the audited net tangible assets of RHT as of 31 March 2015 of S$628,619,000.

Where RHT has excess cash balances, they are placed with Religare Mutual Fund for interest income. The transactions with Religare Healthworld Ltd and SRL Ltd involve the leasing out of space at various RHT Clinical Establishments to these companies owned by Religare Entreprises Ltd. RHT TM has leased office space from Religare Enterprises Ltd to cater for the RHT personnel that are based in India. The medical insurance plan for the staff in RHT India was purchased from Religare Health Insurance Company Ltd.

The ARMC also reviews the audit plans put up by both the internal and external auditors for the forthcoming year. In FY2015, both the external and internal auditors had met with the ARMC without management being present, at least once during the year. In the same financial year, the Chairman of the ARMC also met separately with the internal auditors once every quarter and separately with the external auditor twice. It is also the practice of the Chairman of the ARMC to meet with the Chief Financial Officer of the Trustee-Manager prior to the quarterly ARMC meetings to review the financial reports.

One of the roles of the ARMC is to review the independence of the external auditors. For FY2015, the ARMC noted that S$358,000 was paid to the external auditor as audit fee and S$113,000 was paid for non-audit services. A discussion was held with the external auditor in relation to the type of non-audit services that were provided, and the ARMC was satisfied with the independence of the external auditor. None of the ARMC member is a former partner or director with the external audit firm.

The Trustee Manager has complied with Rules 712 and 715 of the SGX-ST listing manual. All of RHT's foreign incorporated subsidiaries are audited by S.R. Batliboi & Co LLP which is a suitable audit firm to meet the RHT Group's audit obligations.

RHT TM has established a whistle blowing policy to provide a channel for whistleblowers to report any actual or suspected wrongdoings, as well to provide assurance that the whistleblower will be protected from reprisals or victimisation for whistle blowing. The whistleblowing policy and

procedure is approved and overseen by the ARMC, and it provides for both the employees and the public to raise concerns to both the Head of Compliance of RHT TM and/or the Chairman of the ARMC. Investigations will commence upon receiving a whistleblowing report and follow up actions would be taken if required.

INTERNAL AUDIT

Principle 13: The company should establish an effective internal audit function that is adequately resourced and independent of the activities it audits.

As an internal policy, the Trustee-Manager is committed to having an internal audit function at all times. The current internal audit firm which has been appointed to perform the function for RHT is KPMG Services Pte Ltd. The selection and appointment of the internal audit firm for RHT was determined by the ARMC, and the internal audit plan for each financial year is approved by the ARMC. The scope of the internal audit is intended to cover key aspects of RHT and RHT TM's internal controls in the areas of finance, operations, compliance and information technology. During the course of their work, the internal auditors are given full access to any documents, records or personnel, and they report directly to the ARMC Chairman.

As mentioned under the section "Audit Committee", the Chairman of the ARMC meets the internal auditors every quarter to understand from them their concerns if any. These meetings take place without the management being present, which allows the discussions to be as open and candid as possible. The ARMC has reviewed the internal audit plan for the FY2016, the resources allocated to carrying out the plan, as well as the work done by the internal auditors over FY2015, and they are satisfied with the adequacy and effectiveness of the current internal auditor.

RISK MANAGEMENT AND INTERNAL CONTROLS

Principle 11: The Board is responsible for the governance of risk. The Board should ensure that Management maintains a sound system of risk management and internal controls to safeguard shareholders' interests and company's assets, and should determine the nature and extent of the significant risks which the Board is willing to take in achieving its strategic objectives.

The Trustee-Manager understands the importance of maintaining an effective system of risk management and internal controls. Apart from keeping both management and the Board up to date with the key risks and challenges that RHT faces, it also serves to guide the Trustee-Manager in its decision making and allocation of resources. This allows the Trustee-Manager to achieve its strategic objectives whilst keeping the assets safe.

Keeping with the above goal of having a sound system of risk management and internal controls, the Trustee-Manager has established a risk management framework which matches the key identified risks with the controls and processes that serve to mitigate such risks. The implementation of this internal risk management framework is carried out by an internal risk committee ("IRC"). The IRC comprise of senior management who take on ownership of risks in their respective areas such as finance, operations, compliance, investments, information technology.

The IRC is responsible for identifying key risks and evaluating the effectiveness of the controls in managing risks. The IRC meets on a quarterly basis, or where the situation requires, to evaluate how the risks facing RHT might have evolved following changes in both the operating environment and internal operations of RHT. Key risk indicators are used as a means for early identification of escalating risks or signals of changes in areas that affect RHT. The key risk indicators will be able to assist management and the Board in signaling issues that may be developing (whether internally or externally) which can potentially have an adverse impact on RHT. Key risk indicators can also provide essential information to the management and the Board for consideration when executing strategies for RHT.

The IRC also debates on whether new processes or existing processes need to be implemented in order to manage any of the new risks. The IRC also maintains an update to date compilation of all the key policies and procedures of RHT, in order to have a sound knowledge of all the various controls in place. During some of the IRC meetings, different staff might be invited to join the meetings or discussions in order to brief the IRC in terms of changes that might have occurred in their respective areas, and to give their views on how new risks might have risen. The involvement of various staff within RHT in risk management discussions help to promote a culture where risk awareness and governance is integral to the daily operations of RHT. Once a year, or whenever their expert advice might be required, the IRC would also meet with the internal auditors in order to compare each's assessment of the key risks and the adequacy of the internal controls. This helps to ensure that there are all gaps are filled wherever possible and no key risk is inadvertently left out.

The discussions of the quarterly IRC are put up to the ARMC at each quarter's meeting, where the ARMC will assess the effectiveness and adequacy of the risk management and internal controls within RHT TM. This is complemented by a quarterly report provided by the internal auditor to the ARMC on their findings, together with a quarterly report from management on the actions taken to address issues which had been highlighted previously by the internal auditors. Apart from the quarterly reports by the internal auditor, the internal auditor also provides the ARMC with an annual review of the adequacy and effectiveness of the internal controls within RHT, including financial, operational compliance and information technology controls. Where there are areas for enhancements, the internal auditors would highlight them to the ARMC.

Both the ARMC and the Board also receives a quarterly letter of assurance from the CEO and CFO in relation to the quarter's and/or full year results (whichever is applicable). The letter provides assurance in terms of the proper maintenance of the financial records of RHT, and that the financial statements give a true and fair view of the RHT's operations and finances, and in relation to the effectiveness of RHT's risk management and internal control systems.

After assessing the internal risk management framework that is in place, as well as the quarterly reports from the IRC and internal auditor, coupled with the annual assessment done by the internal auditor and external auditor, it enables the ARMC and Board to be in a position to comment on the adequacy of the internal controls of RHT.

For FY2015, based on ARMC's review of the internal risk management framework and internal controls which the management of RHT TM has put in place, the creation of an IRC to continuously monitor the risks affecting RHT and evaluate the efficacy of the internal process, as well as the reports from the internal auditor and external auditor, the Board with the concurrence of the ARMC, is of the opinion, that RHT has in place reasonable, adequate and effective risk management and internal controls including financial, operational, compliance and information technology controls.

However, the Board notes that the risk management structure which the Trustee-Manager has been put in place cannot provide absolute assurance that RHT will not be affected by any event that may be foreseen as well as poor judgements and decision making, human errors, frauds and other irregularities.

MATERIAL CONTRACTS

In connection with the acquisition of the Mohali Clinical Establishment which was completed on 7 May 2014, a Hospital and Medical Services Agreement ("HMSA") was signed with Fortis Healthcare Limited ("Fortis"), the controlling unitholder of RHT to provide healthcare services to the patients at the Fortis Hospital, Mohali. The HMSA for the Mohali Clinical Establishment provided for a Base Service Fee of S$3.68[3] million (including the non-recurring Base Service Fee) per annum commencing FY2015, with an increase of 3% every year. Under the HMSA, there is a non-recurring Base Service Fee of S$0.8[3] million for the first year from the effective date of the HMSA, and S$0.5 million[3] for the second year from the HMSA. This non-recurring Base Fee is to cater for the stabilisation required for the new oncology block, which is expected to take approximately 3 years.

Together with the acquisition of the Mohali Clinical Establishment, RHT had on 7 May 2014 entered into a business transfer agreement ("Business Transfer Agreement") Fortis, for the purchase of certain of its business undertakings at the Mohali Clinical Establishment, relating to the provision of out-patient rehabilitation and consultation services and day care services and radiology and imaging diagnostic services (together, the "Clinical Establishment Business"), and a deed of sale ("Asset Transfer Deed") with Fortis for the purchase of its immovable plant and machinery ("Plant and Machinery") at the Mohali Clinical Establishment ("P&M Acquisition"). The consideration paid for the Business Transfer Agreement was S$0.8 million[3] and the Asset Transfer Deed was S$2.3 million[3].

A Variable Fee is also payable by Fortis under the HMSA, which is 7.5% of the Operating Income of Fortis from the operation of the Mohali Clinical Establishment.

There were material contracts subsisting at the end of FY2015, which were entered into between RHT Group and Fortis at the time of the listing of RHT on the SGX-ST. These material contracts are summarised within the section "Exempted Agreements" in the RHT IPO prospectus which can be found on the RHT's website www.religarehealthtrust.com. These exempted agreements were deemed to have been specifically approved by unitholders upon their subscription for the units of RHT at the time of the initial public offering of RHT.

UNITHOLDERS RIGHTS AND RESPONSIBILITIES

Principle 14: Companies should treat all shareholders fairly and equitably, and should recognise, protect and facilitate the exercise of shareholders' rights and continually review and update such governance arrangements.

Principle 15: Companies should actively engage their shareholders and put in place an investor relations policy to promote regular, effective and fair communication with shareholders.

Principle 16: Companies should encourage greater shareholder participation at general meetings of shareholders, and allow shareholders the opportunity to communicate their views on various matters affecting the company.

The Trustee-Manager ensures that material information is disseminated to unitholders on an accurate and timely basis, with full and complete information to enable unitholders to make form their investment decisions. Our announcements are all disseminated via the SGXNET and the RHT website, www.religarehealthtrust.com. Where necessary, the announcements may also be placed in the local newspapers. There is no selective disclosure of information in order to ensure that there is a level playing field.

3 Using the exchange rate of INR47.55 = 1 SGD as at 31 March 2014 applied in the Circular to Unitholders dated 10 April 2014.

Corporate Governance Report

Every quarter, after the release of our financial results, or when there are announcements on material corporate actions, the Trustee-Manager will hold both analyst briefings as well as investor conference calls. The analyst briefings facilitate research coverage on RHT, which in turn bodes well for the investment community as they are able to obtain more independent analysis from the analysts. The investor calls are an opportunity for investors to hear directly from the management, as well as to have their questions addressed directly by the management.

The management participates actively in investor conferences which are held in different locations throughout the year, and embark on dedicated non-deal roadshows. By reaching out to investors through such means enables the management to obtain direct feedback from investors or analysts. The Board is in turned briefed each quarter by management on the conferences and investors meetings which had been held, in order for them to understand the investors' concerns.

Whenever a unitholders' meeting is to be held, the notice will be disseminated to each unitholder together with the circular and/or report, as well as published in the local newspapers and via SGXNET. Should any unitholder not be able to attend the meeting, he is allowed to appoint up to two proxies to vote on his behalf at the meeting. Where there are separate issues to be put forth for unitholders' approval at the general meetings, such resolutions are separate and not bundled together, unless the resolutions are interdependent and form one significant proposal.

We had one annual general meeting and one extraordinary general meeting in FY2015, whereby the full Board of Directors was present. The external auditor was also present to address unitholders' queries regarding the conduct of audit, preparation and content of the auditors' report. Our company secretary had prepared the minutes of the annual general meeting, which included relevant comments or questions from unitholders, and the minutes is available for unitholders upon request. In the annual general meeting, the voting was conducted by way of a poll in order to promote greater transparency and allow exact and definitive results at the general meeting. The detailed results of the annual general meeting, which included the number of votes cast for and against each resolution, was disclosed via the SGXNET.

DEALING IN UNITS

It is RHT TM's internal policy that (i) an officer of the Trustee-Manager should not deal in RHT's units on short term considerations; (ii) the Trustee-Manager and its officers should not deal in RHT's units during the period commencing two weeks before the announcement of RHT's quarterly financial results, and one month commencing before the announcement of RHT's fourth quarter and full year results. Reminders are sent to the Board of Directors as well as the staff of RHT TM when such blackout periods for trading in RHT's units commence.

At any point in time, when any of the Directors or officers are in possession of confidential and price sensitive information, they are also reminded not to trade in the units of RHT, and to be mindful of the laws relating to insider trading at all times.

STATEMENT OF POLICIES AND PRACTICES

The Board of Directors of RHT TM are responsible for safeguarding the interests of the unitholders of RHT as a whole and managing the business of RHT. RHT TM is also required to act in the best interests of all the unitholders of RHT as a whole, and give priority to the interests of all unitholders of RHT over its own interests in the event of a conflict between the interests of all unitholders as a whole and its own interests. The Trustee-Manager has put in place policies and practice in the management and governance of RHT, in order to ensure that RHT is managed in the interests of its unitholders. The policies and practices include ensuring that:

(i) **The Trust Property is properly accounted for and such property is kept distinct from the property of the Trustee-Manager held in its own capacity.**
The Trustee-Manager has both separate bank accounts for RHT and RHT TM and also separate accounting teams to handle the accounts of RHT and RHT TM.. The Trustee-Manager also prepares separate budgets for RHT and RHT TM which are approved by the Board. Any material deviances are explained to the Board on a monthly basis. Such financial accounts are audited by the external auditor and approved by the Board of RHT TM.

(ii) **Adherence to business scope.**
RHT's investment mandate is to invest in medical and healthcare assets and services in Asia, Australasia and emerging markets in the rest of the world. RHT may also develop medical and healthcare assets. It is expected that the medical services will be provided directly by RHT or in collaboration with third parties. The Head of Compliance within the Trustee-Manager checks that the business scope of RHT is as per what is set out in the Trust Deed. Should there be any intention to deviate, it will be brought to the attention of the Board of Directors for deliberation and approval. In addition, whilst the Trustee-Manager currently has no intention of owning and and fully operating and managing hospitals other than the operating hospitals of Rajajinagar and Nagarbhavi, if RHT should in the future wish to own and fully operate and manage hospitals other than Operating Hospitals, the approval of unitholders will be sought.

(iii) **Conflict of interests between RHT TM and RHT are appropriately managed.**
The promoters of the controlling shareholder of RHT TM are the same as that of Fortis Healthcare Limited, which is the Sponsor of RHT. As such, there may be potential conflict of interests between RHT TM, RHT and the Sponsor. Trustee-Manager has the following processes in place to mitigate such potential conflicts of interest:

- the Board of RHT TM comprises of 7 Directors, of whom 4 of the Directors are independent from management and business relationships with the Trustee-Manager and from the Sponsor. Where any Director has an interest in any transaction involving the Sponsor and/or its subsidiaries, that Director will abstain from voting on the transaction. The same resolution is also required to be approved by all the Independent Directors.
- as mentioned in "Adherence to business scope", should the RHT contemplate entering into operation and management of hospitals, which is the core business of the Sponsor, the approval of unitholders will be sought.

(iv) **Procedures for interested party transactions.**
The Trustee-Manager has instituted internal controls to ensure that interested party transactions which fall below the threshold that require unitholders approval as provided under the listing manual of the SGX-ST, are undertaken on normal commercial terms and are not prejudicial to the interests of the unitholders of RHT. It is also included in the scope of the work done by the internal auditor, to check on the adherence to such internal controls for interested party transactions. Further information on the processes which are in place for interested party transactions is included under the section on "Audit Committee".

(v) **Expense and cost allocation to RHT.**

- Fees payable to RHT TM out of Trust property are provided in the Trust Deed, as well as disclosed in the RHT initial public offering ("IPO") prospectus issued on 15 October 2012, and approved by unitholders via subscription in the units of RHT at the time of the IPO. Should there be any change to the structure of the fees payable to the Trustee-Manager, this would need to be approved by the unitholders of RHT at a general meeting. The fees payable to RHT TM are put up to the Board for approval every half yearly. Where there issuance of units in RHT to be made as payment of fees, the timelines for the issuance of such units strictly the follow the internal timelines approved by the Board. The fees that have been paid to the Trustee-Manager out of Trust property in FY2015 is as follows:

	Amount S$('000)
Management Fee	5,942
Trustee Fee	249
Acquisition Fee	582
Total Fee	**6,773**

- Fees and expenses charged to RHT are appropriate and in accordance with Trust Deed which specifies the kind of expenses that can be charged to RHT.

(vi) **Compliance with Business Trusts Act and listing rules.**
The Trustee-Manager has an internal compliance manual which serves to summarise all the applicable rules and regulations as well as key internal policies and processes which RHT and RHT TM need to comply with. The compliance manual is consistently updated whenever there are changes in the rules and regulations, and it helps management to check that applicable rules and regulations are being followed. The Trustee-Manager has also appointed an external legal firm on a retainer basis to advise on matters related to its compliance with the Business Trusts Act and SGX listing rules.

APPENDIX

TERMS OF REFERENCE OF THE AUDIT & RISK MANAGEMENT COMMITTEE

Objectives
The main objective of the ARMC shall be to assist the Board in fulfilling its responsibilities as the board of the trustee-manager of RHT. In pursuance of this goal, the ARMC shall:

(i) monitor and evaluate the effectiveness of the Trustee-Manager's internal controls;
(ii) review the quality and reliability of information prepared for inclusion in the financial reports of RHT;
(iii) nominate external auditors and review the adequacy of external audits in respect of cost, scope and performance;
(iv) in relation to risk management, ensure that the risk management framework is adequate in the identification, measurement, monitoring and control of the Trustee-Manager's principal risks;
(v) in relation to risk governance of the Trustee-Manager, determine the nature and extent of risks which the Trustee-Manager may undertake, and ensure that the management maintains a sound system of risk management and internal controls; and
(vi) assess appropriate means to carry out its responsibility of overseeing the Trustee-Manager's risk management framework and policies.

Roles and Function
The duties and functions of the ARMC shall include the following:

Financial Reporting
(i) Reviewing the significant financial reporting issues and judgements so as to ensure the integrity of the financial statements of RHT and any announcements relating to the financial performance of RHT;
(ii) Reviewing the balance sheet and profit and loss account of the Trustee-Manager of RHT and the balance sheet, profit and loss account and cash flow statement of RHT submitted to it by the Trustee-Manager, and thereafter to submit them to the Board of Directors;
(iii) Reviewing, with the auditor of RHT:
    (a) the audit plan of RHT;
    (b) the auditors' evaluation of the system of internal accounting controls of the Trustee-Manager of RHT;
    (c) the auditors' audit report for RHT;
(iv) Reviewing audit reports (whether external or internal) to ensure that where deficiencies in internal controls have been identified, appropriate and prompt remedial action is taken by the management; and
(v) Reviewing the financial statements and the internal audit report. The review of the internal audit report shall be carried out at least twice a year to ascertain that the guidelines and procedures established to monitor Interested Person Transactions have been complied with. The review shall include the examination of the nature of the transaction and its supporting documents or such other data that the ARMC deems necessary.

Risk Management and Internal Controls
(i) Monitoring the policies and practices put in place by the Trustee-Manager to ensure compliance with the applicable legislation, the Business Trusts Act, the Business Trusts Regulations, the Code of Corporate Governance, the Listing Manual, the trust deed of RHT and any applicable guidelines;
(ii) Initiating audits of the internal controls of RHT Group as and when it deems fit to satisfy itself that the internal controls of RHT Group remain robust and effective;
(iii) Reviewing and reporting to the Board at least annually, the adequacy and effectiveness of the risk management systems and internal controls of RHT, including financial, operational, compliance and information technology controls;
(iv) Obtaining regular updates from the management and the Company Secretary regarding compliance matters; and
(v) Overseeing RHT's risk management framework and policies and assessing appropriate means to carry out its responsibility of doing so.

Internal & External Audit Processes
(i) Reviewing the scope and results of the internal audit procedures of the Trustee-Manager of RHT;
(ii) Approving the hiring, removal, evaluation and compensation of the head of the internal audit function, or accounting/auditing firm or corporation if the internal audit function is outsourced;
(iii) Ensuring that the internal audit function is adequately resourced and has appropriate standing within the company and at least annually, review the adequacy and effectiveness of the internal audit function;
(iv) Making recommendations to the Board on the proposals to the unitholders of RHT on the appointment, re-appointment or removal of the external auditors and to approve the remuneration and terms of engagement of the external auditors;
(v) Reviewing the assistance given by the officers of the Trustee-Manager to the auditor of RHT;
(vi) Reviewing the activities of the internal auditors on factors such as their independence, adequate resources and appropriate standing to perform an effective role;

(vii) Nominating external auditors and reviewing the adequacy of external audits in respect of cost, scope and performance, and reviewing the independence and objectivity of the external auditors. Where external auditors also supply a substantial amount of non-audit services to RHT, the ARMC should keep the nature and extent of such services under review, seeking to maintain objectivity; and
(viii) Meeting with external and internal auditors, without the presence of management, at least on an annual basis.

Interested Person Transactions and Conflicts of Interest
(i) Reviewing the procedures put in place by the Trustee-Manager of RHT for managing any conflict that may arise between the interests of the Unitholders and the interests of the Trustee-Manager, including Interested Person Transactions, the indemnification of expenses or liabilities incurred by the Trustee-Manager and the setting of fees or charges payable out of the trust property of RHT;
(ii) Deliberating on conflicts of interest situations involving RHT;
(iii) Monitoring the procedures established to regulate Interested Person Transactions, including ensuring compliance with the Trustee-Manager's internal control system and the relevant provisions of the Listing Manual; and
(iv) Periodically reviewing the transactions constituting Interested Person Transactions to ensure compliance with the Trustee-Manager's internal control system and with the relevant rules of the Listing Manual. The review will include the examination of the nature of the transaction and its supporting documents or such other data deemed necessary to the ARMC.

Other areas of responsibility of the ARMC include:

(i) investigating any matters within the ARMC's terms of reference, whenever it deems necessary, where it should have full access to and cooperation by the management and full discretion to invite any director or executive officer to attend its meetings, and reasonable resources to enable it to discharge its functions properly;
(ii) reviewing the policy and arrangements by which staff and any other persons may, in confidence, raise concerns about possible improprieties in matters of financial reporting or other matters, and ensure arrangements are in place for such concerns to be raised and independently investigated and for appropriate follow-up action to be taken;
(iii) reporting to the Board of Directors:
    (a) any inadequacies, deficiencies or matters of concern of which the ARMC becomes aware or that it suspects arising from its review of the items referred to in paragraphs 3.1.1 to 3.1.4 above; and
    (b) any breach of the Business Trusts Act or any breach of the provisions of the trust deed of RHT, of which the ARMC becomes aware or that it suspects;
(iv) reporting to the MAS if the ARMC is of the view that the Board of Directors has not taken, or does not propose to take, appropriate action to deal with a matter reported under Paragraph 3.1.5(iii); and
(v) in addition to the functions listed above, undertaking such other functions as may be agreed to by the ARMC and the Board of Directors.

The ARMC's roles and responsibilities will also include the following:

(i) monitoring changes to regulations and accounting standards, including accounting standards and issues which have a direct impact on financial statements;
(ii) in connection with Interested Person Transactions:
    (a) reviewing at regular intervals, transactions (either (1) individually or (2) as part of a series or (3) if aggregated with other transactions involving the same Interested Person during the same financial year) equal to or exceeding S$100,000 in value but below 3.0% of the value of RHT's net tangible assets based on the latest audited accounts;
    (b) reviewing and approving transactions (either (1) individually or (2) as part of a series or (3) if aggregated with other transactions involving the same Interested Person during the same financial year) equal to or exceeding 3.0% but below 5.0% of the value of RHT's net tangible assets based on the latest audited accounts. Such transactions shall be reviewed and approved prior to such transactions being entered into, on the basis that the transactions are on commercial terms and are consistent with similar types of transactions made by the Trustee-Manager with third parties that are unrelated to the Trustee-Manager; and
    (c) reviewing and approving transactions (either (1) individually or (2) as part of a series or (3) if aggregated with other transactions involving the same Interested Person during the same financial year) equal to or exceeding 5.0% of the value of RHT's net tangible assets based on the latest audited accounts. Such transactions will be reviewed and approved prior to such transactions being entered into, on the basis described in the preceding paragraph, by the ARMC which may, as it deems fit, request advice on the transaction from independent sources or advisers. Further, under the Listing Manual, such transactions would have to be approved by the Unitholders at a meeting of Unitholders duly convened and held in accordance with the provisions of the trust deed of RHT.

TERMS OF REFERENCE OF THE NOMINATING COMMITTEE

Objectives
The main objective of the NC shall be to make recommendations to the Board on all Board appointments. The NC shall decide how the Board's performance is to be evaluated and develop objective performance criteria which address how the Board has enhanced long-term Unitholders' value. It shall also implement a process for assessing the effectiveness of the Board as a whole and for assessing the contribution of each individual

Director to the effectiveness of the Board. The Chairman will review the results of the performance evaluation of the Board, and where appropriate, propose new members to be appointed to the Board of Directors or seek the resignation of Directors, in consultation with the NC.

Roles and Function
The duties and functions of the NC shall include the following:

1. review the Board composition which includes the structure, size and mix annually and recommend to the Board any new Board appointments, whether of executive or non-executive Directors, including their membership and chairmanship of any Board committees.
2. review and assess candidates for directorships (including executive directorships) before making recommendations to the Board for the appointment of directors.
3. recommend to the Board the selection, appointment and re-nomination for re-election or re-appointment of Directors (including alternate directors, if applicable) in accordance with the Trustee-Manager's Articles of Association, having regard to the following factors which shall not be exhaustive in any respect:
    - the composition and progressive renewal of the Board;
    - the respective Director's contribution to the effectiveness of the Board as a whole;
    - the respective Director's competencies, commitment, contribution and performance (e.g. attendance, preparedness, participation and candour), including if applicable such contribution and performance as an independent Director;
    - the respective Director's appointment on Board committees (as a member or chairman);
    - the respective Director's age, date of first appointment to the Board, date of last re-election or re-appointment
    - the respective Director's unitholding in the RHT and its related corporations;
    - the respective Director's current directorships and past directorships held in the preceding three years in related corporations of RHT and in other listed companies and other major appointments and;
    - if the respective Director has multiple board representations, whether sufficient time and attention is given to the affairs of each company.
4. recommend to the Board the responsibilities of non-executive Directors, including their membership and chairmanship of Board committees.
5. recommend the appointment of suitable persons for the senior key executive positions, including that of chief executive officer, chief operating officer, chief financial officer or other executive officers of equivalent rank.
6. determine annually, and as and when circumstances require, whether or not a Director is independent in the manner provided in the Business Trusts Regulations and bearing in mind the circumstances set forth in Guidelines 2.3 and 2.4 as set out in the Code of Corporate Governance 2012 (as may be amended, supplemented or replaced from time to time) ("CCG") and any other salient factors. If the NC considers that a director who has one or more of the relationships mentioned therein can be considered independent, it shall provide its views to the Board for the Board's consideration. Conversely, the NC has the discretion to consider that a director is not independent even if he does not fall under the circumstances set forth in CCG Guidelines 2.3 or 2.4, and should similarly provide its views to the Board for the Board's consideration.
7. decide whether or not a Director is able to and has been adequately carrying out his duties as a Director, taking into consideration the Director's number of listed company board representations and other principal commitments, and determine the maximum number of listed company board representations which any director may hold.
8. implement and carry out the process of assessing the effectiveness of the Board as a whole, and the contribution by each individual Director to the effectiveness of the Board. Individual evaluation should aim to assess whether each Director continues to contribute effectively and demonstrate commitment to the role (including commitment of time to the Board and Board committee meetings, and other duties).
9. decide on how the performance of the Board, the board committees and Directors may be evaluated and recommend to the Board for approval objective performance criteria for such purpose, which may be changed subsequently where circumstances deem it necessary. In addition to any relevant performance criteria which may be proposed, the performance evaluation should also consider RHT's unit price performance over a five-year period vis-à-vis the Singapore Straits Times Index and a benchmark index of its industry peers.
10. consider the various disclosure requirements relating to directors (in particular, those required by regulatory bodies such as the Singapore Exchange Securities Trading Limited) and ensure that the Trustee-Manager has provided adequate disclosure in the RHT's Annual Report on key information regarding its Directors and its process for assessment of the Board and the Directors.
11. review of training and professional development programs for the Board
12. carry out such other duties and functions as may be agreed to by the NC and/or directed by the Board.

TERMS OF REFERENCE OF THE REMUNERATION COMMITTEE

Objectives
The primary objective of the RC is to recommend to the Board a framework and specific remuneration package for the Directors and the chief executive officer of RHT TM.

With regard to remuneration, the RC will review the framework of remuneration and the specific remuneration packages for the Directors and the key executive officers of the Trustee-Manager. The RC shall cover all aspects of remuneration, including but not limited to directors' fees, salaries, allowances, bonuses, options and benefits in kind.

Roles and Function

1. The duties and functions of the RC are as follows:
   (i) review, determine and recommend to the Board for endorsement the Trustee-Manager's compensation structure or framework for remuneration of its Directors and CEO to ensure that the framework is appropriate and sufficient to attract, retain and motivate the Directors and CEO of the required quality to run RHT successfully.
   (ii) determine and recommend to the Board for endorsement the specific remuneration packages for each of the Directors and CEO of the Trustee-Manager upon recruitment, and thereafter on an annual basis to review such remuneration, determine and recommend to the Board for endorsement any appropriate adjustments, including any variable components in such remuneration, which may be performance-related or designed to align the interests of the Directors and CEO with those of the unitholders of RHT.
   (iii) liaise with the Board, the Nominating Committee and Management, as appropriate, on the measurement and assessment of (a) the corporate performance of the Trustee-Manager and the Group and where appropriate, relative to other companies or its competitors, and (b) the performance and level of contribution of the individual Directors and the CEO, as a prelude to reviewing, determining and recommending (as appropriate) the remuneration for each Director and the CEO.
   (iv) review and recommend to the Board other incentive schemes and compensation policies of the Trustee-Manager and the remuneration of senior management (CEO & direct reports to CEO).
   (v) review whether executive directors and key management personnel of the Trustee-Manager should be eligible for benefits under long-term incentive schemes and evaluate the costs and benefits of the long-term incentive schemes.
   (vi) review the Trustee-Manager's obligations arising in the event of termination of the executive directors and key management personnel's contracts of service, to ensure that such contracts of service contain fair and reasonable termination clauses which are not overly generous.
   (vii) consider the various disclosure requirements for Directors' remuneration (in particular, those required by regulatory bodies such as the Singapore Exchange Securities Trading Limited) and ensure that the Trustee-Manager has provided adequate disclosure in RHT's Annual Report on the remuneration of its Directors and key executives in the manner prescribed by such disclosure requirements.
   (viii) carry out such other duties and functions as may be agreed to by the RC and/or directed by the Board.
2. The remuneration or remuneration packages referred to in this Terms of Reference shall cover all aspects of remuneration, including but not limited to directors' fees, salaries, allowances, bonuses, options, unit-based incentives and awards, and benefits-in-kind offered and/or to be offered by the Trustee-Manager for employment or directorship.
3. The remuneration or remuneration packages of the non-executive Directors of the Trustee-Manager shall be subject to prior approval by the unitholders of the Trustee-Manager.
4. In performing its duties and functions, the RC will take into account certain principles and issues on Board remuneration.
5. The Independent Directors on the RC will annually review and approve the total remuneration of the Directors, Executive Officers and other employees who are related to the controlling shareholder of the Trustee-Manager or the Controlling Unitholder and/or the Directors.

TERMS OF REFERENCE OF EXECUTIVE COMMITTEE

Objectives

The main objective of the Executive Committee shall be to assist the Board in fulfilling certain of its responsibilities as the board of the trustee-manager of Religare Health Trust ("RHT"). The purpose of the Executive Committee is to execute the business plan and manage the day to day affairs of RHT and its subsidiaries, jointly-controlled entities and associated companies (collectively, the "RHT Group" and each a "RHT Group Entity").

Roles and Function

1. The principal responsibility of the Executive Committee is to manage the business of the RHT Group, including the following:
   (a) to execute the corporate strategy, policies, directions and guidelines set by the Board for the RHT Group;
   (b) to review and make recommendations to the Board on the annual operating and capital budgets;
   (c) to consider and make recommendations to the Board on matters of significance to the RHT Group, as outlined in "Matters Reserved Specifically for Decision by the Board";
   (d) to manage the RHT Group's operations, projects, budgets, compliance obligations and financials;
   (e) to make recommendations to the Board as to the RHT Group's broad policies, strategies and financial objectives; and
   (f) to carry out such other functions as may be delegated to it by the Board.

DIRECTORSHIPS

And other major appointments over the last 3 years

Name of Director	Current Directorships and other major appointments	Past appointments over the last 3 years
Ravi Mehrotra	1. AEGON Religare Life Insurance Company Limited 2. Fortis Global Healthcare Infrastructure Pte. Ltd. 3. Fortis Healthcare Limited 4. Landmark Partners LLC 5. Northgate Capital LLC 6. Religare Capital Markets Limited 7. Religare Enterprises Limited 8. Religare Global Asset Management Inc. 9. Religare Health Insurance Company Limited 10. Religare Healthtrust Services Pte. Ltd.	Religare Asset Management Company Limited
Gurpreet Singh Dhillon	1. Fortis Global Healthcare Infrastructure Pte. Ltd. 2. Religare Healthtrust Services Pte. Ltd. 3. Treelife Holdings Pte. Limited	–
Pawanpreet Singh	Nil	Fortis Health Management Limited Fortis Health management (West) Limited Fortis Healthstaff Limited Hospitalia Eastern Private Limited Kanishka Healthcare Limited Reliant Healthcare Consultancy Private Limited
Eng Meng Leong	1. ACTS College Limited 2. Libra Group Limited 3. 3Cnergy Ltd. 4. Croesus Retail Asset Management Pte. Ltd.	Kreuz Holdings Limited
Sydney Michael Hwang	1. Justinian Private Limited 2. Michael Hwang Chambers LLC 3. Linyi Investments Pte. Ltd. 4. Memories of the East Pte. Ltd. 5. Singapore Dance Theatre Limited 6. YTL Starhill Global REIT Management Limited	Oxford and Cambridge Society of Singapore
Dr Yogendra Nath Mathur	1. Maharaj Jagat Singh Medical Relief Society	Nil
Peter Joseph Seymour Rowe	1. AMP Capital Group* 2. Herbert Smith Freehills (Consultant) 3. Investa Listed Funds Management Limited 4. Mission Australia Housing Limited 5. Mission Australia Housing (Victoria) Limited 6. PEC Investments Pty Ltd 7. PEC Management Pty Ltd 8. UBS Grocon Real Estate Investment Management Pty Ltd * Chairman of the Managed Investments Scheme Compliance Committees	XAS Pty Limited Lend Lease Real Estate Investments Limited Lend Lease Funds Management Limited Estate of the late Helene Ann Finlay (Executor) Securitisation Capital Solutions Pty Ltd Tavaling Pty Ltd

Religare Health Trust and its Subsidiaries

Annual Financial Statements 31 March 2015

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Report of the Trustee-Manager

For the financial year ended 31 March 2015

The directors of Religare Health Trust Trustee Manager Pte. Ltd., the Trustee-Manager of Religare Health Trust (the "Trust") are pleased to present their report to the unitholders of the Trust, together with the audited consolidated financial statements of the Trust and its subsidiaries (collectively, the "Group") and the balance sheet and statement of changes in unitholders' funds of the Trust for the financial year ended 31 March 2015.

DIRECTORS

The directors of the Trustee-Manager in office at the date of this report are:

Ravi Mehrotra
Gurpreet Singh Dhillon
Eng Meng Leong
Dr Yogendra Nath Mathur
Sydney Michael Hwang
Peter Joseph Seymour Rowe
Pawanpreet Singh

ARRANGEMENTS TO ENABLE DIRECTORS TO ACQUIRE UNITS OR DEBENTURES

Neither at the end of nor at any time during the financial year was the Trustee-Manager a party to any arrangement whose object was to enable the directors of the Trustee-Manager to acquire benefits by means of the acquisition of units in, or debentures, of the Trust.

DIRECTORS' INTERESTS IN UNITS OR DEBENTURES

According to the register kept by the Trustee-Manager for the purposes of Sections 13 and 76 of the Business Trusts Act, Chapter 31A of Singapore (the "Act"), particulars of the interests of directors who held office at the end of the financial year in units in, or debentures of, the Trust are as follows:

	DIRECT INTEREST		DEEMED INTEREST	
	At the beginning of financial year	At the end of financial year	At the beginning of financial year	At the end of financial year
Number of units				
Ravi Mehrotra	–	–	1,000,000	1,000,000
Gurpreet Singh Dhillon	–	–	1,777,000	1,777,000
Sydney Michael Hwang	–	–	1,000,000	1,000,000

There were no changes in any of the above mentioned interest in the Trust between the end of the financial year and 21 April 2015.

OPTIONS

There were no options granted during the financial year by the Trustee-Manager to any person to take up unissued units in the Trust.

No units have been issued during the financial year by virtue of the exercise of options to take up unissued units of the Trust.

There were no unissued units of the Trust under option at the end of the financial year.

DIRECTORS' CONTRACTUAL BENEFITS

No director of the Trustee-Manager has received or become entitled to receive a benefit by reason of any material contract made by the Trust with the director or with a firm of which he is a member or with a company in which he has a substantial interest.

AUDIT AND RISK MANAGEMENT COMMITTEE

The members of the Audit and Risk Management Committee ("ARMC") of the Trustee-Manager during the financial year and as at the date of this report were as follows:

Peter Joseph Seymour Rowe	Chairman
Dr Yogendra Nath Mathur	
Eng Meng Leong	

All members of the ARMC are independent and are non-executive directors.

The ARMC carried out its functions in accordance with Regulation 13(6) of the Business Trusts Regulations 2005 of Singapore. In performing its functions, the ARMC has reviewed (among others):

- with the independent auditor of the Trust, the audit plan of the Group, the independent auditor's evaluation of the system of internal accounting controls of the Group and the independent auditor's report on the consolidated financial statements of the Group for the financial year;

- the assistance given by the officers of the Trustee-Manager to the independent auditor of the Trust, the scope and results of the internal audit procedures of the Group, the policies and practices put in place by the Trustee-Manager to ensure compliance with the Act and the trust deed dated 29 July 2011 constituting the Trust, as amended and restated by an amending and restating deed dated 25 September 2012 and supplemented by a supplemental deed dated 27 September 2012 (together, the "Trust Deed"), the procedures put in place by the Trustee-Manager for managing any conflict that may arise between the interests of unitholders and the interests of the Trustee-Manager (including interested person transactions, indemnification of expenses or liabilities incurred by the Trustee-Manager and the setting of fees or charges payable out of the trust property of the Trust); and

- the balance sheet and statement of changes in unitholders' funds of the Trust and the consolidated financial statements of the Group for the financial year ended 31 March 2015 before their submission to the Board of Directors of the Trustee-Manager.

The ARMC, having reviewed all non-audit services provided by the independent auditors to the Group, is satisfied that the nature and extent of such services would not affect the independence of the independent auditors.

Further details regarding the ARMC are disclosed in the Report on Corporate Governance.

AUDITOR

Ernst & Young LLP have expressed their willingness to accept re-appointment as independent auditor.

On behalf of the Board of Directors of the Trustee-Manager:

Ravi Mehrotra
Director

Gurpreet Singh Dhillon
Director

Singapore
25 June 2015

Statement by the Trustee-Manager

For the financial year ended 31 March 2015

In our opinion,

(a) the consolidated statement of comprehensive income set out on page 63 has been drawn up so as to give a true and fair view of the results of the business of the Group for the financial year ended 31 March 2015;

(b) the balance sheets set out on pages 64 and 65 have been drawn up so as to give a true and fair view of the state of affairs of the Trust and of the Group as at 31 March 2015;

(c) the consolidated cash flow statement set out on page 68 has been drawn up so as to give a true and fair view of the cash flow of the business of the Group for the financial year ended 31 March 2015; and

(d) at the date of this statement, there are reasonable grounds to believe that the Trustee-Manager will be able to fulfil out of the trust property of the Trust, its liabilities in respect of the Trust as and when they fall due.

In accordance with Section 86(2) of the Act, we further certify:

(a) the fees or charges paid or payable out of the trust property of the Trust to the Trustee-Manager are in accordance with the trust deed of the Trust;

(b) the interested person transactions entered into by the Trust during the financial year ended 31 March 2015 are not detrimental to the interests of the unitholders of the Trust as a whole based on the circumstances at the time of the relevant transactions; and

(c) the Board of Directors of the Trustee-Manager is not aware of any violation of duties of the Trustee-Manager which would have a materially adverse effect on the business of the Trust or on the interests of the unitholders of the Trust as a whole.

The Board of Directors of the Trustee-Manager has, on the date of this statement, authorised the above statements and these financial statements of the Group as at and for the financial year ended 31 March 2015 for issue.

On behalf of the Board of Directors of the Trustee-Manager:

Ravi Mehrotra
Director

Gurpreet Singh Dhillon
Director

Singapore
25 June 2015

Statement by the Chief Executive Officer

For the financial year ended 31 March 2015

In accordance with Section 86(3) of the Act, I certify that I am not aware of any violation of duties of the Trustee-Manager which would have a materially adverse effect on the business of the Trust or on the interests of all the unitholders of the Trust as a whole.

Gurpreet Singh Dhillon
Chief Executive Officer

Singapore
25 June 2015

Independent Auditor's Report to the Unitholders of Religare Health Trust

For the financial year ended 31 March 2015

REPORT ON THE FINANCIAL STATEMENTS

We have audited the accompanying financial statements of Religare Health Trust (the "Trust") (constituted in the Republic of Singapore pursuant to a trust deed dated 29 July 2011) and its subsidiaries (collectively, the "Group") set out on pages 63 to 124, which comprise the consolidated balance sheet of the Group and the balance sheet of the Trust as at 31 March 2015, and the consolidated statement of comprehensive income, the statement of changes in unitholders' funds and cash flow statement of the Group and the statement of changes in unitholders' funds of the Trust for the financial year then ended, and a summary of significant accounting policies and other explanatory information.

Trustee-Manager's responsibility for the financial statements

The Trustee-Manager of the Trust is responsible for the preparation and fair presentation of these financial statements in accordance with the provisions of the Singapore Business Trusts Act, Chapter 31A (the "Act") and International Financial Reporting Standards as issued by International Accounting Standards Board ("IFRS"), and for such internal control as the Trustee-Manager determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Trustee-Manager, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements of the Group and the balance sheet and statement of changes in unitholders' funds of the Trust give a true and fair view of the financial position of the Group and of the Trust as at 31 March 2015, and of the financial performance, changes in unitholders' funds and cash flows of the Group and the changes in unitholders' funds of the Trust for the financial year then ended in accordance with the provisions of the Act and IFRS.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

In our opinion, the accounting and other records kept by the Trustee-Manager for the Trust and by those subsidiaries incorporated in Singapore of which we are the auditors have been properly kept in accordance with the provisions of the Singapore Business Trusts Act, Chapter 31A and the Singapore Companies Act, Chapter 50, respectively.

Ernst & Young LLP
Public Accountants and
Chartered Accountants
Singapore
25 June 2015

Consolidated Statement of Comprehensive Income

For the financial year ended 31 March 2015

	Note	2015 $'000	2014 $'000
Revenue:			
Service fee	4	124,382	97,665
Hospital income	5	8,107	6,928
Other income	6	3,953	3,947
Total revenue		136,442	108,540
Service and hospital expenses:			
Medical consumables		(8,697)	(5,613)
Employee benefits expense	7	(2,960)	(3,020)
Doctor charges		(6,973)	(5,249)
Depreciation and amortisation		(13,908)	(12,691)
Other service fee expenses	11	(18,969)	(11,467)
Hospital expenses	5	(6,607)	(5,807)
Total service and hospital expenses		(58,114)	(43,847)
Trustee-Manager fees	8	(6,657)	(5,223)
Other trust expenses		(3,368)	(948)
Finance income	9	714	978
Finance expenses	10	(6,082)	(2,545)
Foreign exchange losses		(1,141)	(834)
Total expenses		(74,648)	(52,419)
Profit before changes in fair value of financial derivatives		61,794	56,121
Fair value (loss)/gain on financial derivatives		(5,075)	40
Profit before taxes	11	56,719	56,161
Income tax expense	12	(19,296)	(14,688)
Net profit for the year attributable to unitholders of the Trust		37,423	41,473
Other comprehensive income			
Item that may be reclassified subsequently to profit or loss			
– Foreign currency translation		30,995	(61,044)
Items that will not be reclassified to profit or loss			
– Net surplus on revaluation of land and buildings		44,340	51,085
– Remeasurement of defined benefit plan		(36)	–
Other comprehensive income for the year, net of tax		75,299	(9,959)
Total comprehensive income for the year attributable to unitholders of the Trust		112,722	31,514
Earnings per unit attributable to unitholders of the Trust, expressed in cents per unit			
– Basic and diluted	13	4.72	5.25

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

Balance Sheets

As at 31 March 2015

	Note	GROUP 2015 $'000	GROUP 2014 $'000	TRUST 2015 $'000	TRUST 2014 $'000
ASSETS					
Non-current assets					
Intangible assets	14	140,514	135,501	–	–
Property, plant and equipment	15	823,597	676,070	–	–
Investment in subsidiaries	17	–	–	12,634	12,634
Loan to a subsidiary	18	–	–	457,459	449,109
Financial assets	19	35,151	26,796	–	–
Deferred tax assets	20	3,082	945	–	–
Other assets	21	23,164	18,708	–	–
Total non-current assets		1,025,508	858,020	470,093	461,743
Current assets					
Inventories		141	114	–	–
Amounts due from subsidiaries	18	–	–	19,384	–
Financial assets	19	67,939	69,019	36,410	30,202
Trade receivables	22	25,233	21,570	–	–
Other assets		797	1,387	5	110
Cash and bank balances	23	4,170	8,259	251	361
Total current assets		98,280	100,349	56,050	30,673
Total assets		1,123,788	958,369	526,143	492,416
LIABILITIES					
Non-current liabilities					
Loans and borrowings	24	63,676	61,516	–	–
Other liabilities		1,756	1,102	–	–
Deferred tax liabilities	20	131,483	103,503	–	–
Total non-current liabilities		196,915	166,121	–	–

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

Balance Sheets

As at 31 March 2015

	Note	GROUP 2015 $'000	GROUP 2014 $'000	TRUST 2015 $'000	TRUST 2014 $'000
Current liabilities					
Loans and borrowings	24	62,377	2,949	–	–
Trade and other payables	25	6,962	5,543	–	–
Other liabilities	26	81,552	76,081	4,536	2,674
Current tax liabilities		15	681	–	–
Derivative financial instruments	27	6,834	1,759	–	–
Total current liabilities		157,740	87,013	4,536	2,674
Net current (liabilities)/assets		(59,460)	13,336	51,514	27,999
Total liabilities		354,655	253,134	4,536	2,674
Net assets		769,133	705,235	521,607	489,742
UNITHOLDERS' FUNDS					
Units in issue	28	507,180	503,760	507,180	503,760
Capital reserve	29	210,216	210,216	–	–
Foreign currency translation reserve	29	(23,854)	(54,849)	–	–
Revaluation reserve	29	101,396	57,658	–	–
Capital redemption reserve	29	69	105	–	–
(Accumulated losses)/revenue reserves		(25,874)	(11,655)	14,427	(14,018)
Total unitholders' funds		769,133	705,235	521,607	489,742

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

Statements of Changes in Unitholders' Funds

For the financial year ended 31 March 2015

	Note	Units in issue (Note 28) $'000	Capital reserve $'000	Foreign currency translation reserve $'000	Revaluation reserve $'000	Other reserve $'000	Accumulated losses $'000	Total $'000
Group								
At 1 April 2013		501,369	210,216	6,195	6,573	–	(9,843)	714,510
Profit for the year		–	–	–	–	–	41,473	41,473
Other comprehensive income								
– Foreign currency translation		–	–	(61,044)	–	–	–	(61,044)
– Net surplus on revaluation of land		–	–	–	51,085	–	–	51,085
Other comprehensive income for the period, net of tax		–	–	(61,044)	51,085	–	–	(9,959)
Total comprehensive income for the period		–	–	(61,044)	51,085	–	41,473	31,514
Payment of Trustee-Manager fees in units		2,391	–	–	–	–	–	2,391
Transfer to capital redemption reserve		–	–	–	–	105	(105)	–
Distribution on units in issue	36	–	–	–	–	–	(43,180)	(43,180)
At 31 March 2014 and 1 April 2014		503,760	210,216	(54,849)	57,658	105	(11,655)	705,235
Profit for the year		–	–	–	–	–	37,423	37,423
Other comprehensive income								
– Foreign currency translation		–	–	30,995	–	–	–	30,995
– Net surplus on revaluation of land and buildings		–	–	–	43,738	–	602*	44,340
– Remeasurement of defined benefit plan		–	–	–	–	(36)	–	(36)
Other comprehensive income for the year, net of tax		–	–	30,995	43,738	(36)	602	75,299
Total comprehensive income for the year		–	–	30,995	43,738	(36)	38,025	112,722
Payment of Trustee-Manager fees in units		3,420	–	–	–	–	–	3,420
Distribution on units in issue	36	–	–	–	–	–	(52,244)	(52,244)
At 31 March 2015		507,180	210,216	(23,854)	101,396	69	(25,874)	769,133

* Relates to the difference between depreciation based on the revalued carrying amount of the asset and depreciation based on the asset's original cost.

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

Statements of Changes in Unitholders' Funds

For the financial year ended 31 March 2015

	Note	Units in issue (Note 28) $'000	(Accumulated losses)/revenue reserves $'000	Total $'000
Trust				
At 1 April 2013		501,369	11,075	512,444
Profit for the year, representing total comprehensive income for the financial year		–	18,087	18,087
Distribution on units in issue	36	–	(43,180)	(43,180)
Payment of Trustee-Manager fees in units		2,391	–	2,391
At 31 March 2014 and 1 April 2014		503,760	(14,018)	489,742
Profit for the year, representing total comprehensive income for the financial year		–	80,689	80,689
Distribution on units in issue	36	–	(52,244)	(52,244)
Payment of Trustee-Manager fees in units		3,420	–	3,420
At 31 March 2015		507,180	14,427	521,607

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

Consolidated Cash Flow Statement

For the financial year ended 31 March 2015

	Note	2015 $'000	2014 $'000
Cash flow from operating activities			
Profit before taxes		56,719	56,161
Adjustments for:			
Depreciation and amortisation		13,908	12,691
Finance income		(468)	(978)
Finance expenses		6,082	2,545
Minimum Alternate Tax credit written off		–	486
Fair value loss/(gain) on financial derivatives		5,075	(40)
Foreign exchange (gains)/losses		(2,633)	1,780
Fixed assets written off		299	–
Gain from a bargain purchase	16	(401)	–
Foreign currency alignment		282	445
Operating cash flow before working capital changes		78,863	73,090
Changes in working capital:			
Increase in trade receivables		(2,396)	(3,146)
Increase in financial assets and other assets		(7,204)	(14,618)
Decrease in inventories		4	2
Increase/(decrease) in trade and other payables and other liabilities		6,656	(1,554)
Cash flows generated from operations		75,923	53,774
Interest received		465	989
Tax paid		(20,452)	(19,348)
Net cash generated from operating activities		55,936	35,415
Cash flow from investing activities			
Purchase of property, plant and equipment	15	(8,705)	(4,599)
Investment in short term investments		5,371	8,600
Net cash outflow in a bargain purchase	16	(59,846)	–
Net cash (used in)/generated from investing activities		(63,180)	4,001
Cash flow from financing activities			
Interest paid		(3,088)	(1,966)
Distribution paid to unitholders		(52,244)	(43,180)
Net proceeds/(repayments) of borrowings		58,487	(890)
Net cash generated from/(used in) financing activities		3,155	(46,036)
Net decrease in cash and cash equivalents		(4,089)	(6,620)
Cash and cash equivalents at beginning of year		8,259	14,879
Cash and cash equivalents at end of year	23	4,170	8,259

The accompanying accounting policies and explanatory notes form an integral part of the financial statements.

1. GENERAL INFORMATION

Religare Health Trust (the "Trust") is a business trust registered with the Monetary Authority of Singapore and domiciled in Singapore. The Trust was constituted by the Trust Deed and is regulated by the Business Trusts Act, Chapter 31A of Singapore. Under the trust deed, Religare Health Trust Trustee Manager Pte. Ltd. (the "Trustee-Manager") has declared that it will hold all the assets (including businesses) acquired on trust for the unitholders of the Trust. The registered office of the Trustee-Manager is located at 9 Battery Road, #15-01 Straits Trading Building, Singapore 049910. The principal place of business of the Trustee-Manager is located at 80 Raffles Place, #11-20 UOB Plaza 2, Singapore 048624.

The principal activity of the Trust is investment holding of hospital and health care related assets located in Asia, Australasia and emerging markets in the rest of the world. The principal activities of the subsidiaries of the Trust are set out in Note 17.

The Trust was admitted to the Official List of the Main Board of Singapore Exchange Securities Trading Limited on 19 October 2012.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

2.1 *Basis of preparation*

These financial statements have been prepared in accordance with International Financial Reporting Standards ("IFRS") as issued by International Accounting Standards Board ("IASB"). The financial statements have been prepared under the historical cost convention, except as disclosed in the accounting policies below.

All financial information is presented in Singapore dollars and has been rounded to the nearest thousand, unless otherwise stated.

2.2 *Changes in accounting policies*

The accounting policies adopted are consistent with those of the previous financial year except in the current financial year, the Group has adopted all the new and revised standards which are effective for annual financial periods beginning on or after 1 April 2014. The adoption of these standards did not have any effect on the financial performance or position of the Group and the Company.

Standards, Amendments and Interpretations issued but not yet effective

The Group has not adopted the following standards that have been issued but not yet effective:

Description	Effective for annual periods beginning on or after
IAS 19 *Defined Benefit Plans: Employee Contributions – Amendments to IAS 19*	1 July 2014
Annual Improvements to IFRs 2010 – 2012 Cycle	1 July 2014
Annual Improvements to IFRs 2011 – 2013 Cycle	1 July 2014
IFRS 11 A*ccounting for Acquisitions of Interests in Joint Operations – Amendments to IFRS 11*	1 January 2016
IAS 16 and IAS 38 *Clarification of Acceptable Methods of Depreciation and Amortisation – Amendments to IAS 16 and IAS 38*	1 January 2016
IAS 16 and IAS 41 *Agriculture: Bearer Plants – Amendments to IAS 16 and IAS 41*	1 January 2016
IAS 27 *Equity Method in Separate Financial Statements – Amendments to IAS 27*	1 January 2016
IFRS 10 and IAS 28 *Sale or Contribution of Assets between an Investor and its Associate or Joint Venture – Amendments to IFRS 10 and IAS 28*	1 January 2016
IFRS 10, IFRS 12 and IAS 28 *Investment Entities: Applying the Consolidation Exception or Contribution of Assets between an Investor and its Associate or Joint Venture – Amendments to IFRS 10, IFRS 12 and IAS 28*	1 January 2016
IAS 1 *Disclosure Initiative – Amendments to IAS 1*	1 January 2016
Annual Improvements to IFRs 2012 – 2014 Cycle	1 January 2016
IFRS 15 *Revenue from Contracts with Customers*	1 January 2017
IFRS 9 Financial Instruments (issued in 2014)	1 January 2018

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.2 *Changes in accounting policies (cont'd)*

Except for IFRS 9, the directors expect that the adoption of the other standards and interpretations above will have no material impact on the financial statements in the period of initial application. The nature of the impending changes in accounting policy on adoption of IFRS 9 is described below.

IFRS 9 Financial Instruments

IFRS 9 as issued reflects the IASBs work on the replacement of IAS 39 and applies to classification and measurement of financial assets, impairment of financial assets and hedge accounting. The adoption of IFRS 9 will have an effect on the classification and measurement of the Group's financial assets.

2.3 *Basis of consolidation and business combination*

The consolidated financial statements comprise the financial statements of the Group and its subsidiaries as at 31 March 2015. Control is achieved when the Group is exposed, or has rights, to variable returns from its involvement with the investee and has the ability to affect those returns through its power over the investee. Specifically, the Group controls an investee if and only if the Group has:

– Power over the investee (i.e. existing rights that give it the current ability to direct the relevant activities of the investee)
– Exposure, or rights, to variable returns from its involvement with the investee, and
– The ability to use its power over the investee to affect its returns

When the Group has less than a majority of the voting or similar rights of an investee, the Group considers all relevant facts and circumstances in assessing whether it has power over an investee, including:

– The contractual arrangement with the other vote holders of the investee
– Rights arising from other contractual arrangements
– The Group's voting rights and potential voting rights

The Group re-assesses whether or not it controls an investee if facts and circumstances indicate that there are changes to one or more of the three elements of control. Consolidation of a subsidiary begins when the Group obtains control over the subsidiary and ceases when the Group loses control of the subsidiary. Assets, liabilities, income and expenses of a subsidiary acquired or disposed of during the year are included in the statement of comprehensive income from the date the Group gains control until the date the Group ceases to control the subsidiary.

Profit or loss and each component of other comprehensive income (OCI) are attributed to the unit holders of the Trust. When necessary, adjustments are made to the financial statements of subsidiaries to bring their accounting policies into line with the Group's accounting policies. All intra-group assets and liabilities, equity, income, expenses and cash flows relating to transactions between members of the Group are eliminated in full on consolidation.

A change in the ownership interest of a subsidiary, without a loss of control, is accounted for as an equity transaction. If the Group loses control over a subsidiary, it:

– Derecognises the assets (including goodwill) and liabilities of the subsidiary
– Derecognises the carrying amount of any non-controlling interest
– Derecognises the cumulative translation differences recorded in equity
– Recognises the fair value of the consideration received
– Recognises the fair value of any investment retained
– Recognises any surplus or deficit in profit or loss
– Reclassifies the parent's share of components previously recognised in other comprehensive income to profit or loss or retained earnings, as appropriate.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.3 *Basis of consolidation and business combinations (cont'd)*

Business combinations are accounted for using the acquisition method. The cost of an acquisition is measured as the aggregate of the consideration transferred measured at acquisition date fair value and the amount of any non-controlling interest in the acquiree.

For each business combination, the Group elects whether to measure the non-controlling interest in the acquiree at fair value or at the proportionate share of the acquiree's identifiable net assets. Acquisition-related costs are expensed as incurred and included in other trust expenses.

When the Group acquires a business, it assesses the financial assets and liabilities assumed for appropriate classification and designation in accordance with the contractual terms, economic circumstances and pertinent conditions as at the acquisition date. This includes the separation of embedded derivatives in host contracts by the acquiree.

If the business combination is achieved in stages, the previously held equity interest is remeasured at its acquisition date fair value and any resulting gain or loss is recognised in profit or loss.

Any contingent consideration to be transferred by the acquirer will be recognised at fair value at the acquisition date. Contingent consideration classified as an asset or liability that is a financial instrument and within the scope of IAS 39 Financial Instruments: Recognition and Measurement, is measured at fair value with changes in fair value recognised either in profit or loss or as a change to other comprehensive income. If the contingent consideration is not within the scope of IAS 39, it is measured in accordance with the appropriate IFRS. Contingent consideration that is classified as equity is not remeasured and subsequent settlement is accounted for within equity.

Goodwill is initially measured at cost, being the excess of the aggregate of the consideration transferred and the amount recognised for non-controlling interest over the net identifiable assets acquired and liabilities assumed. If the fair value of the net assets acquired is in excess of the aggregate consideration transferred, the gain is recognised in profit or loss.

After initial recognition, goodwill is measured at cost less any accumulated impairment losses. For the purpose of impairment testing, goodwill acquired in a business combination is, from the acquisition date, allocated to each of the Group's cash-generating units that are expected to benefit from the combination, irrespective of whether other assets or liabilities of the acquiree are assigned to those units.

Where goodwill has been allocated to a cash-generating unit and part of the operation within that unit is disposed of, the goodwill associated with the disposed operation is included in the carrying amount of the operation when determining the gain or loss on disposal. Goodwill disposed in this circumstance is measured based on the relative values of the disposed operation and the portion of the cash-generating unit retained.

The consolidated financial statements comprise the financial statements of the Trust and its subsidiaries as at the end of the reporting period. The financial statements of the subsidiaries used in the preparation of the consolidated financial statements are prepared for the same reporting date as the Trust. Consistent accounting policies are applied to like transactions and events in similar circumstances.

Business combinations involving entities under common control are accounted for by applying the pooling of interest method.

Pursuant to this:

- Assets and liabilities are reflected at their existing carrying amounts;
- No amount is recognised for goodwill and;
- Any difference between the consideration paid by the Trust and the share capital of the subsidiary will be reflected within the equity of the Group as capital reserve.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.4 *Intangible assets*

Intangible assets acquired separately are measured on initial recognition at cost. The cost of intangible assets acquired in a business combination is its fair value as at the date of acquisition. Following initial recognition, intangible assets are carried at cost less any accumulated amortisation and accumulated impairment losses, if any. Internally generated intangible assets, excluding capitalised development costs, are not capitalised and expenditure is reflected in profit and loss in the period in which the expenditure is incurred.

The useful lives of intangible assets are assessed as below:

Customer related intangible	30 years
Right to use "Fortis" brand	15 years
Goodwill	Indefinite
Other intangibles	3 years

Intangible assets with finite lives are amortised over the useful economic life and assessed for impairment whenever there is an indication that the intangible asset may be impaired. The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each reporting period. Changes in the expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset is accounted for by changing the amortisation period or method, as appropriate, and are treated as changes in accounting estimates. The amortisation expense on intangible assets with finite lives is recognised in the profit or loss under "depreciation and amortisation".

Intangible assets with indefinite useful lives are not amortised, but are tested for impairment annually, either individually or at the cash-generating unit level. The assessment of indefinite life is reviewed annually to determine whether the indefinite life continues to be supportable. If not, the change in useful life from indefinite to finite is made on a prospective basis.

Gains or losses arising from derecognition of an intangible asset are measured as the difference between the net disposal proceeds and the carrying amount of the asset and are recognised in the profit or loss when the asset is derecognised.

2.5 *Property, plant and equipment*

Property, plant and equipment is stated at cost, net of accumulated depreciation and accumulated impairment losses, if any. Such cost includes the cost of replacing part of the property, plant and equipment and borrowing costs that are directly attributable to the acquisition, construction or production of a qualifying property, plant and equipment. The accounting policy for borrowing costs is set out in Note 2.9. The cost of an item of property, plant and equipment is recognised as an asset if, and only if, it is probable that future economic benefits associated with the item will flow to the Group and the cost of the item can be measured reliably. When significant parts of property, plant and equipment are required to be replaced in intervals, the Group recognises such parts as individual assets with specific useful lives and depreciation, respectively. Likewise, when a major inspection is performed, its cost is recognised in the carrying amount of the plant and equipment as a replacement if the recognition criteria are satisfied. All other repair and maintenance costs are recognised in profit or loss as incurred.

Land and buildings are measured at fair value less accumulated depreciation on buildings and impairment losses recognised at the date of the revaluation. Valuations for land and building are performed annually to ensure that the fair value of a revalued asset does not differ materially from its carrying amount.

A revaluation surplus is recognised in other comprehensive income and credited to the asset revaluation reserve in equity. However, to the extent it reverses a revaluation deficit of the same asset previously recognised in profit or loss, the increase is recognised in profit and loss. A revaluation deficit is recognised in the profit or loss, except to the extent that it offsets an existing surplus of the same asset recognised in the asset revaluation reserve.

An annual transfer from the asset revaluation reserve to retained earnings is made for the difference between depreciation based on revalued carrying amount of the asset and depreciation based on the assets original cost. Additionally, any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset. Upon disposal, any revaluation reserve relating to the particular asset being sold is transferred to retained earnings.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.5 *Property, plant and equipment (cont'd)*

Freehold land has an unlimited useful life and therefore is not depreciated. Depreciation is computed on a straight-line basis over the estimated useful lives of the assets as follows:

Leasehold land	2 to 90 years
Buildings	24 to 45 years
Medical equipment	1 to 15 years
Plant and machinery	6 to 20 years
Furniture and fittings	1 to 15 years
Office equipment	1 to 4 years
Computers	2 to 6 years
Vehicles	1 to 5 years

Assets under construction are not depreciated as these assets are not yet available for use.

An item of property, plant and equipment and any significant part initially recognised is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in profit or loss when the asset is derecognised.

The residual value, useful lives and methods of depreciation of property, plant and equipment are reviewed at each financial year end, and adjusted prospectively, if appropriate.

2.6 *Impairment of non-financial assets*

The Group assesses at each reporting date whether there is an indication that an asset may be impaired. If any such indication exists, or when annual impairment testing for an asset is required, the Group makes an estimate of the asset's recoverable amount.

An asset's recoverable amount is the higher of an asset's or cash generating unit's fair value less costs to sell and its value in use. Recoverable amount is determined for an individual asset, unless the asset does not generate cash inflows that are largely independent of those from other assets or group of assets. Where the carrying amount of an asset or cash-generating unit exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount. In assessing value in use, the estimated future cash flows expected to be generated by the assets are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset. In determining fair value less costs to sell, recent market transactions are taken into account. If no such transaction can be identified, an appropriate valuation model is used. These calculations are corroborated by valuation multiples, quoted share prices for publicly traded subsidiaries or other available fair value indicators.

The Group bases its impairment calculation on detailed budgets and forecast calculations which are prepared separately for each of the Group's cash-generating units to which the individual assets are allocated. These budgets and forecast calculations are generally covering a period of five years. For longer periods, a long-term growth rate is calculated and applied to project future cash flows after the fifth year.

Impairment losses of continuing operations are recognised in the profit or loss under "other trust expenses", except for property previously revalued where the revaluation was taken to other comprehensive income. In this case the impairment is also recognised in other comprehensive income up to the amount of any previous revaluation.

For assets excluding goodwill, an assessment is made at each reporting date as to whether there is any indication that previously recognised impairment losses may no longer exist or may have decreased. If such indication exists, the Group estimates the asset's or cash-generating unit's ("CGU") recoverable amount. A previously recognised impairment loss is reversed only if there has been a change in the estimates used to determine the asset's recoverable amount since the last impairment loss was recognised. If that is the case, the carrying amount of the asset is increased to its recoverable amount. That increase cannot exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised previously. Such reversal is recognised in profit or loss unless the asset is measured at revalued amount, in which case the reversal is treated as a revaluation increase.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.6 ***Impairment of non-financial assets (cont'd)***

The following assets have specific characteristics for impairment testing:

Goodwill

Goodwill is tested for impairment annually as at 31 March and when circumstances indicate that the carrying value may be impaired.

Impairment is determined for goodwill by assessing the recoverable amount of each CGU (or group of CGUs) to which the goodwill relates. When the recoverable amount of the CGU is less than its carrying amount, an impairment loss is recognised. Impairment losses relating to goodwill cannot be reversed in future periods.

Intangible assets

Intangible assets with indefinite useful lives are tested for impairment annually as at 31 March either individually or at the CGU level, as appropriate, and when circumstances indicate that the carrying value may be impaired.

2.7 ***Cash and cash equivalents***

Cash and cash equivalents comprise cash at bank and on hand, demand deposits, and short-term, highly liquid investments that are readily convertible to known amount of cash and which are subject to an insignificant risk of changes in value. Fixed deposits with banks with original maturity for less than three months are considered as cash and cash equivalents. Pledged fixed deposits do not form part of cash and cash equivalents.

2.8 ***Financial instruments – initial recognition and subsequent measurement***

(i) ***Financial assets***

Initial recognition and measurement

Financial assets within the scope of IAS 39 are classified as financial assets at fair value through profit or loss, loans and receivables, held-to-maturity investments, available-for-sale financial assets, or as derivatives designated as hedging instruments in an effective hedge, as appropriate. The Group determines the classification of its financial assets at initial recognition.

All financial assets are recognised initially at fair value plus, in the case of investments not at fair value through profit or loss, directly attributable transaction costs.

Purchases or sales of financial assets that require delivery of assets within a time frame established by regulation or convention in the marketplace (regular way trades) are recognised on the trade date, i.e., the date that the Group commits to purchase or sell the asset.

Subsequent measurement

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial measurement, such financial assets are subsequently measured at amortised cost using the effective interest rate method ("EIR"), less impairment. Amortised cost is calculated by taking into account any discount or premium on acquisition and fees or costs that are an integral part of the EIR. The EIR amortisation is included in finance income in profit or loss. The losses arising from impairment are recognised in the statement of comprehensive income in finance costs.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.8 ***Financial instruments – initial recognition and subsequent measurement (cont'd)***

(i) ***Financial assets (cont'd)***

Available-for-sale financial investments

Available-for-sale financial investments include equity investments and debt securities. Equity investments classified as available for sale are those that are neither classified as held for trading nor designated at fair value through profit or loss. Debt securities in this category are those that are intended to be held for an indefinite period of time and that may be sold in response to needs for liquidity or in response to changes in the market conditions.

After initial measurement, available-for-sale financial investments are subsequently measured at fair value with unrealised gains or losses recognised as other comprehensive income in the available-for-sale reserve until the investment is derecognised, at which time the cumulative gain or loss is recognised in other operating income, or the investment is determined to be impaired, when the cumulative loss is reclassified from the available-for-sale reserve to the profit or loss. Interest earned whilst holding available-for-sale financial investments is reported as interest income using the EIR method.

The Group has not designated any financial assets as fair value through profit or loss and as held-to-maturity investments.

Derecognition

A financial asset (or, where applicable a part of a financial asset or part of a group of similar financial assets) is derecognised when:

(i) The rights to receive cash flows from the asset have expired;

(ii) The Group has transferred its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a 'pass-through' arrangement; and either (a) the Group has transferred substantially all the risks and rewards of the asset, or (b) the Group has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

When the Group has transferred its rights to receive cash flows from an asset or has entered into a pass-through arrangement, it evaluates if and to what extent it has retained the risks and rewards of ownership. When it has neither transferred nor retained substantially all of the risks and rewards of the asset nor transferred control of the asset, the asset is recognised to the extent of the Group's continuing involvement in the asset. In that case, the Group also recognises an associated liability. The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the Group has retained.

Continuing involvement that takes the form of a guarantee over the transferred asset is measured at the lower of the original carrying amount of the asset and the maximum amount of consideration that the Group could be required to repay.

(ii) ***Impairment of financial assets***

The Group assesses at each reporting date whether there is any objective evidence that a financial asset or a group of financial assets is impaired. A financial asset or a group of financial assets is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events that has occurred after the initial recognition of the asset (an incurred "loss event") and that loss event has an impact on the estimated future cash flows of the financial asset or the group of financial assets that can be reliably estimated. Evidence of impairment may include indications that the debtors or a group of debtors is experiencing significant financial difficulty, default or delinquency in interest or principal payments, the probability that they will enter bankruptcy or other financial reorganisation and where observable data indicate that there is a measurable decrease in the estimated future cash flows, such as changes in arrears or economic conditions that correlate with defaults.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.8 ***Financial instruments – initial recognition and subsequent measurement (cont'd)***

(ii) ***Impairment of financial assets (cont'd)***

Financial assets carried at amortised cost

For financial assets carried at amortised cost, the Group first assesses whether objective evidence of impairment exists individually for financial assets that are individually significant, or collectively for financial assets that are not individually significant. If the Group determines that no objective evidence of impairment exists for an individually assessed financial asset, whether significant or not, it includes the asset in a group of financial assets with similar credit risk characteristics and collectively assesses them for impairment. Assets that are individually assessed for impairment and for which an impairment loss is, or continues to be, recognised are not included in a collective assessment of impairment.

If there is objective evidence that an impairment loss has been incurred, the amount of the loss is measured as the difference between the assets carrying amount and the present value of estimated future cash flows (excluding future expected credit losses that have not yet been incurred). The present value of the estimated future cash flows is discounted at the financial assets original effective interest rate. If a loan has a variable interest rate, the discount rate for measuring any impairment loss is the current effective interest rate.

The carrying amount of the asset is reduced through the use of an allowance account and the amount of the loss is recognised in the profit or loss. Interest income continues to be accrued on the reduced carrying amount and is accrued using the rate of interest used to discount the future cash flows for the purpose of measuring the impairment loss. The interest income is recorded as part of finance income in the profit or loss. Loans together with the associated allowance are written off when there is no realistic prospect of future recovery and all collateral has been realised or has been transferred to the Group. If, in a subsequent year, the amount of the estimated impairment loss increases or decreases because of an event occurring after the impairment was recognised, the previously recognised impairment loss is increased or reduced by adjusting the allowance account. If a future write-off is later recovered, the recovery is credited to finance costs in the profit or loss.

Available for sale financial investments

For available-for-sale financial investments, the Group assesses at each reporting date whether there is objective evidence that an investment or a group of investments is impaired.

In the case of equity investments classified as available-for-sale, objective evidence would include a significant or prolonged decline in the fair value of the investment below its cost. 'Significant' is evaluated against the original cost of the investment and 'prolonged' against the period in which the fair value has been below its original cost. When there is evidence of impairment, the cumulative loss – measured as the difference between the acquisition cost and the current fair value, less any impairment loss on that investment previously recognised in the profit or loss – is removed from other comprehensive income and recognised in the profit or loss. Impairment losses on equity investments are not reversed through profit or loss; increases in their fair value after impairment are recognised directly in other comprehensive income.

In the case of debt instruments classified as available for sale, impairment is assessed based on the same criteria as financial assets carried at amortised cost. However, the amount recorded for impairment is the cumulative loss measured as the difference between the amortised cost and the current fair value, less any impairment loss on that investment previously recognised in the profit or loss.

Future interest income continues to be accrued based on the reduced carrying amount of the asset, using the rate of interest used to discount the future cash flows for the purpose of measuring the impairment loss. The interest income is recorded as part of finance income. If, in a subsequent year, the fair value of a debt instrument increases and the increase can be objectively related to an event occurring after the impairment loss was recognised in the profit or loss, the impairment loss is reversed through the profit or loss.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.8 ***Financial instruments – initial recognition and subsequent measurement (cont'd)***

(iii) ***Financial liabilities***

Initial recognition and measurement

Financial liabilities within the scope of IAS 39 are classified as financial liabilities at fair value through profit or loss, loans and borrowings, or as derivatives designated as hedging instruments in an effective hedge, as appropriate. The Group determines the classification of its financial liabilities at initial recognition.

All financial liabilities are recognised initially at fair value and in the case of loans and borrowings, plus directly attributable transaction costs.

The Group's financial liabilities include trade and other payables, derivative financial instruments, loans and borrowings and amount owing to subsidiary company.

Subsequent measurement

The measurement of financial liabilities depends on their classification as follows:

Financial liabilities at fair value through profit or loss

Financial liabilities at fair value through profit or loss include financial liabilities held for trading and financial liabilities designated upon initial recognition as at fair value through profit or loss.

Financial liabilities are classified as held for trading if they are acquired for the purpose of selling in the near term. This category includes derivative financial instruments entered into by the Group that are not designated as hedging instruments in hedge relationships as defined by IAS 39. Separated embedded derivatives are also classified as held for trading unless they are designated as effective hedging instruments.

Gains or losses on liabilities held for trading are recognised in the profit or loss.

Financial liabilities designated upon initial recognition at fair value through profit or loss are designated at the initial date of recognition, and only if the criteria in IAS 39 are satisfied.

Loans and borrowings

After initial recognition, interest bearing loans and borrowings are subsequently measured at amortised cost using the effective interest rate method. Gains and losses are recognised in profit or loss when the liabilities are derecognised as well as through the EIR amortisation process.

Amortised cost is calculated by taking into account any discount or premium on acquisition and fees or costs that are an integral part of the EIR. The EIR amortisation is included in finance costs in the profit or loss.

Derecognition

A financial liability is derecognised when the obligation under the liability is discharged or cancelled or expires.

When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a de-recognition of the original liability and the recognition of a new liability, and the difference in the respective carrying amounts is recognised in the profit or loss.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.8 ***Financial instruments – initial recognition and subsequent measurement (cont'd)***

(iv) ***Offsetting of financial instruments***

Financial assets and financial liabilities are offset and the net amount reported in the balance sheet if, and only if, there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, or to realise the assets and settle the liabilities simultaneously.

(v) ***Fair value of financial instruments***

The fair value of financial instruments that are traded in active markets at each reporting date is determined by reference to quoted market prices or dealer price quotations (bid price for long positions and ask price for short positions), without any deduction for transaction costs.

For financial instruments not traded in an active market, the fair value is determined using appropriate valuation techniques. Such techniques may include using recent arm's length market transactions; reference to the current fair value of another instrument that is substantially the same; a discounted cash flow analysis or other valuation models.

(vi) ***Transaction cost relating to equity***

Transaction cost for issuing new units and listing of the same including existing units are allocated on rational basis between new units and existing units. Transaction costs of 'issuing or acquiring' equity are recognised in equity whereas costs attributable to existing units are expensed off to profit and loss account.

2.9 ***Borrowing costs***

Borrowing costs directly attributable to the acquisition, construction or production of an asset that necessarily takes a substantial period of time to get ready for its intended use or sale are capitalised as part of the cost of the asset. Borrowing costs are capitalised until the assets are substantially completed for their intended use or sale. All other borrowing costs are expensed in the period they occur. Borrowing costs consist of interest and other costs that an entity incurs in connection with the borrowing of funds.

2.10 ***Inventories***

Inventories of medical consumables, drugs and stores and spares are valued at the lower of cost and net realisable value. Cost is determined on weighted average basis.

Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs of completion and costs incurred to make the sale.

2.11 ***Provisions***

Provisions are recognised when the Group has a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the obligation.

Provisions are reviewed at the end of each reporting period and adjusted to reflect the current best estimate. If it is no longer probable that an outflow of economic resources will be required to settle the obligation, the provision is reversed. If the effect of the time value of money is material, provisions are discounted using a current pre tax rate that reflects, where appropriate, the risks specific to the liability. When discounting is used, the increase in the provision due to the passage of time is recognised as a finance cost.

2.12 ***Foreign currency***

The Group's consolidated financial statements are presented in Singapore Dollars, which is also the Trust's functional currency. For each entity that the Group determines the functional currency, items included in the financial statements of that entity are measured using that functional currency. The Group uses the direct method of consolidation and has elected to recycle the gain or loss that arises from using this method.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.12 *Foreign currency (cont'd)*

(a) *Transactions and balances*

Transactions in foreign currencies are initially recorded by the Group's entities at their respective functional currency spot rates at the date the transaction first qualifies for recognition.

Monetary assets and liabilities denominated in foreign currencies are translated at the functional currency spot rates of exchange at the reporting date.

Differences arising on the settlement or translation of monetary items are recognised in profit or loss with the exception of monetary items that are designated as part of the hedge of the Group's net investment of a foreign operations. These are recognised initially in other comprehensive income until the net investment is disposed of, at which time, the cumulative amount is reclassified to profit or loss. Tax charges and credits attributable to exchange differences on those monetary items are also recorded in other comprehensive income.

Non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rates as at the dates of the initial transactions. Non-monetary items measured at fair value in a foreign currency are translated using the exchange rates at the date when the fair value was determined. The gain or loss arising on translation of non-monetary items measured at fair value is treated in line with the recognition of gain or loss on change in fair value of the item (i.e., translation differences on items whose fair value gain or loss is recognised in other comprehensive income or profit or loss are also recognised in other comprehensive income or profit or loss, respectively).

Any goodwill arising on the acquisition of a foreign operation and any fair value adjustments to the carrying amounts of assets and liabilities arising on the acquisition are treated as assets and liabilities of the foreign operation and translated at the spot rate of exchange at the reporting date.

(b) *Group companies*

On consolidation, the assets and liabilities of foreign operations are translated into Singapore Dollars at the rate of exchange prevailing at the reporting date and their profit or loss are translated at exchange rates prevailing at the dates of the transactions. The exchange differences arising on translation for consolidation are recognised in other comprehensive income. On disposal of a foreign operation, the component of other comprehensive income relating to that particular foreign operation is recognised in profit or loss.

2.13 *Leases*

The determination of whether an arrangement is, or contains, a lease is based on the substance of the arrangement at the inception date. The arrangement is assessed for whether fulfilment of the arrangement is dependent on the use of a specific asset or assets or the arrangement conveys a right to use the asset or assets, even if that right is not explicitly specified in an arrangement.

As lessee

Operating lease payments are recognised as an operating expense in the profit or loss on a straight-line basis over the lease term.

As lessor

Leases in which the Group does not transfer substantially all the risks and benefits of ownership of an asset are classified as operating leases. Initial direct costs incurred in negotiating an operating lease are added to the carrying amount of the leased asset and recognised over the lease term on the same basis as lease income.

Contingent rents are recognised as revenue in the period in which they are earned.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.14 *Revenue recognition*

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the Group and the revenue can be reliably measured, regardless of when the payment is being made. Revenue is measured at the fair value of consideration received or receivable, taking into account contractually defined terms of payment and excluding taxes or duty. The Group assesses its revenue arrangements against specific criteria to determine if it is acting as principal or agent. The Group has concluded that it is acting as a principal in all of its revenue arrangements. The following specific recognition criteria must also be met before revenue is recognised:

Service fee

The base service income arising from the provision of Clinical Establishments Services is accounted for on a straight-line basis over the term of the arrangement. Service income relating to out-patient and day care medical and healthcare services ("OPD"), radiology and maintenance services are recognised in the profit or loss when such services are rendered. The variable performance linked fee is recognised when the Group becomes entitled to payment as per the terms of the arrangement.

The Group's subsidiaries provide the following services to FHL group of companies (collectively, the "Clinical Establishment Services"):

(a) making available and maintaining the Clinical Establishment to allow FHL group of companies to operate and manage a full-fledged full service secondary, tertiary or quaternary hospital (as the case may be);
(b) the undertaking, provision, running, operation and management of the OPD Services; and
(c) the provision, running, operation and management of the Radio Diagnostic Services.

Hospital income

Hospital income is recognised when services are rendered to the patients in the two operating hospitals.

Lease income

Lease income is recognised in profit or loss on a straight-line basis and over the term of the lease.

Lease income is rental revenue earned from the space utilised as amenities such as pharmacy, cafeteria, book shop, ATM and other amenities for patients and/or other attendant conveniences.

Dividend income

Dividend income is recognised when the Group's rights to receive the payment is established.

Interest income

Interest income is recognised using the effective interest method.

2.15 *Taxation*

(i) *Current income tax*

Current income tax assets and liabilities for the current periods are measured at the amount expected to be recovered from or paid to the taxation authorities. The tax rates and tax laws used to compute the amount are those that are enacted or substantively enacted at the reporting date in the countries where the Group operates and generates taxable income.

Current income tax relating to items recognised directly in equity is recognised in equity and not in the profit or loss. Management periodically evaluates positions taken in the tax returns with respect to situations in which applicable tax regulations are subject to interpretation and establishes provisions where appropriate.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.15 *Taxation (cont'd)*

(ii) *Deferred tax*

Deferred tax is provided using the liability method on temporary differences between the tax bases of assets and liabilities and their carrying amounts for financial reporting purposes at the reporting date.

Deferred tax liabilities are recognised for all temporary differences, except:

- Where the deferred tax liability arises from the initial recognition of goodwill or of an asset or liability in a transaction that is not a business combination and, at the time of the transaction, affects neither the accounting profit nor taxable profit or loss; and

- In respect of taxable temporary differences associated with investments in subsidiaries, associates and interests in joint ventures, when the timing of the reversal of the temporary differences can be controlled and it is probable that the temporary differences will not reverse in the foreseeable future.

Deferred tax assets are recognised for all deductible temporary differences, the carry forward of unused tax credits and unused tax losses. Deferred tax assets are recognised to the extent that it is probable that taxable profit will be available against which the deductible temporary differences, and the carry forward of unused tax credits and unused tax losses can be utilised except:

- Where the deferred tax asset relating to the deductible temporary difference arises from the initial recognition of an asset or liability in a transaction that is not a business combination and, at the time of the transaction, affects neither the accounting profit nor taxable profit or loss; and

- In respect of deductible temporary differences associated with investments in subsidiaries, associates and interests in joint ventures, deferred income tax assets are recognised only to the extent that it is probable that the temporary differences will reverse in the foreseeable future and taxable profit will be available against which the temporary differences can be utilised.

The carrying amount of deferred tax assets is reviewed at each reporting date and reduced to the extent that it is no longer probable that sufficient taxable profit will be available to allow all or part of the deferred tax asset to be utilised. Unrecognised deferred tax assets are reassessed at the end of each reporting period and are recognised to the extent that it has become probable that future taxable profit will allow the deferred tax asset to be recovered.

Deferred tax assets and liabilities are measured at the tax rates that are expected to apply in the year when the asset is realised or the liability is settled, based on tax rates (and tax laws) that have been enacted or substantively enacted at the reporting date.

Deferred tax relating to items recognised outside profit or loss is recognised outside profit or loss. Deferred tax items are recognised in correlation to the underlying transaction either in other comprehensive income or directly in equity.

Deferred tax assets and deferred tax liabilities are offset, if a legally enforceable right exists to set off current income tax assets against current income tax liabilities and the deferred taxes relate to the same taxable entity and the same taxation authority.

Tax benefits acquired as part of a business combination, but not satisfying the criteria for separate recognition at that date, are recognised subsequently if new information about facts and circumstances changed. The adjustment would either be treated as a reduction to goodwill (as long as it does not exceed goodwill) if it incurred during the measurement period or recognised in profit or loss.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.15 ***Taxation (cont'd)***

(iii) *Sales tax*

Expenses and assets are recognised net of the amount of sales tax, except:

- When the sales tax incurred on a purchase of assets or services is not recoverable from the taxation authority, in which case the sales tax is recognised as part of the cost of acquisition of the asset or as part of the expense item, as applicable; and

- When receivables and payables are stated with the amount of sales tax included

The net amount of sales tax recoverable from, or payable to, the taxation authority is included as part of receivables or payables in the balance sheet.

(iv) *Minimum alternate tax ("MAT")*

MAT paid in a year is initially charged to the profit or loss as current tax. The Group then recognises MAT credit available as an asset only to the extent that there is convincing evidence that the Group will pay income tax during the specified period, i.e., the period for which MAT credit is allowed to be carried forward. In the year in which the Group recognises MAT credit as an asset in accordance with the Guidance Note on Accounting for Credit Available in respect of MAT under the Indian Income Tax Act, 1961, the said asset is created by way of credit to the profit or loss and shown as "MAT Credit Entitlement." The Group reviews the MAT Credit Entitlement asset at each reporting date and writes down the asset to the extent the Group does not have convincing evidence that it will pay income tax during the specified period.

2.16 ***Segment reporting***

The Group is primarily involved in the provision of Clinical Establishment services to the operators of each hospital in each Clinical Establishment. As the rendering of services to patients in earning of hospital income is not material, no separate business segment has been disclosed.

No geographical segment information has been prepared as the Group's assets and operations are all located in India.

2.17 ***Unitholders' funds***

Unitholders' funds represent the Unitholders' residual interest in the Group's net assets.

Incremental costs directly attributable to the issue of units are recognised as a deduction from Unitholders' funds.

2.18 ***Contingencies***

A contingent liability is:

(a) a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Group; or

(b) a present obligation that arises from past events but is not recognised because:

(i) It is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation; or

(ii) The amount of the obligation cannot be measured with sufficient reliability.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

2.18 ***Contingencies (cont'd)***

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Group.

Contingent liabilities and assets are not recognised on the balance sheet of the Group, except for contingent liabilities assumed in a business combination that are present obligations and which the fair values can be reliably determined.

2.19 ***Employee benefits***

(a) *Defined contribution plans*

The entities within the Group located in India make contributions to the Statutory Provident Fund in accordance with Employees Provident Fund and Miscellaneous Provisions Act, 1952, India. Provident Fund is a defined contribution scheme and the contributions are charged to the profit or loss of the year when the contributions to the respective fund is due. There are no other obligations other than the contribution payable to the fund.

(b) *Employee leave entitlement*

Employee entitlements to annual leave are recognised as a liability when they accrue to the employees. A provision is made for the estimated liability for annual leave as a result of services rendered by employees up to the end of the reporting date.

3. SIGNIFICANT ACCOUNTING JUDGMENTS AND ESTIMATES

The preparation of the financial statements requires the directors to make judgments, estimates and assumptions that affect the reported amounts of assets and liabilities, and the disclosure of contingent liabilities. However, uncertainty about these assumptions and estimates could result in outcomes that could require a material adjustment to the carrying amount of the asset or liability affected in the future periods.

3.1 ***Judgments***

Determination of control for Fortis Hospotel Limited and acquisition of stake

The Group has acquired 49% interest in Fortis Hospotel Limited ("FHTL"), the owner of the New Delhi, Shalimar Bagh Clinical Establishment and Gurgaon Clinical Establishment. The Group has also entered into a Shareholders' Agreement with a related party on 17 September 2012 to acquire the remaining 51% interest in FHTL. However, the legal title of the 51% interest in FHTL has not been transferred to the Group as at year end as the application has been filed but pending approval from the authorities.

Under the Shareholders' Agreement, the Group has the right to appoint 50% of the directors of FHTL, including the Chairman of the Board of Directors of FHTL who has casting vote in case of deadlock on any matters to be decided at the Board of Directors level. The related party has also assigned its right to receive dividends from FHTL in favour of the Group. Accordingly, the Trustee-Manager concluded that as the Group is able to direct the relevant activities of FHTL, the Group has consolidated 100% of FHTL.

Functional currency

The Group measures foreign currency transactions in the respective functional currencies of the Trust and its subsidiaries. In determining the functional currencies of the entities in the Group, judgment is required to determine the currency that mainly influences sales prices for goods and services and of the country whose competitive forces and regulations mainly determines the sales prices of its goods and services. The functional currencies of the entities in the Group are determined based on management's assessment of the economic environment in which the entities operate and the entities' process of determining sales prices.

The Trust has adopted the SGD as its functional currency which is the currency of its local environment in which its operating expenses, dividends from subsidiaries and funding raised are denominated.

3. SIGNIFICANT ACCOUNTING JUDGMENTS AND ESTIMATES (cont'd)

3.1 *Judgments (cont'd)*

Accounting for service agreement

Clinical Establishment is defined as a fully centrally air-conditioned institution established and specifically customised and duly fitted with all fixtures, fittings, medical equipment and infrastructure required for running and operating a hospital, offering:

(i) doctors and services for diagnosis and treatment for illness, disease, injury, deformity and/or abnormality;
(ii) diagnosis of diseases through radiological and other diagnostic or investigative services with the aid of laboratory or other medical equipment; and
(iii) beds for in-patient treatment.

The Group has entered into separate Hospital and Medical Services Agreements ("HMSA") with FHL group of companies wherein the Group is required to provide and maintain the Group's Clinical Establishments along with other services like out-patient diagnostic and radio diagnostic. The Group needs to exercise judgment to analyse whether the arrangement involves providing the right to use the Group's Clinical Establishments and whether the out-patient diagnostic and radio diagnostic services in the arrangement are significant to the overall arrangement. The Group has analysed the substance of the contract and have determined that fulfilment of service arrangement is based on the use of specified assets and conveys right to use the Group's Clinical Establishments. However, substantial risk and rewards of the Group's Clinical Establishments are retained by the Group even though rights to use are given to FHL group of companies. The Group has assessed that the out-patient diagnostic and radio diagnostic services in the arrangement are significant to the entire arrangement. Consequently, the Group's Clinical Establishments have been classified as part of property, plant and equipment.

Unused tax losses

Deferred tax assets are recognised for unused tax losses to the extent that it is probable that taxable profit will be available against which the losses can be utilised. Significant management judgement is required to determine the amount of deferred tax assets that can be recognised, based upon the likely timing and the level of future taxable profits together with future tax planning strategies.

Had the Group been able to recognise all unrecognised deferred tax assets, profit would increase by $0.70 million (2014: $0.24 million).

The carrying value of unrecognised tax losses and capital allowances are disclosed in Note 20 to the financial statements.

3.2 *Estimates and assumptions*

Impairment of loans and receivables

The Group assesses at the end of each reporting period whether there is any objective evidence that a financial asset is impaired. To determine whether there is objective evidence of impairment, the Group considers factors such as the probability of insolvency or significant financial difficulties of the debtor and default or significant delay in payments.

Where there is objective evidence of impairment, the amount and timing of future cash flows are estimated based on historical loss experience for assets with similar credit risk characteristics. The carrying amount of the Group's receivables that are impaired, loans and receivable at the end of the reporting period and the credit risk are disclosed in Note 22, 32(e) and Note 33(a) respectively.

Impairment of goodwill

An impairment exists when the carrying value of an asset or cash generating unit exceeds its recoverable amount, which is the higher of its fair value less costs to sell and its value in use. The fair value less costs to sell calculation is based on available data from binding sales transactions, conducted at arm's length, for similar assets or observable market prices less incremental costs for disposing of the asset. The value in use calculation is based on a discounted cash flow model. The cash flows are derived from the budget for a period longer than five years and do not include restructuring activities that the Group is not yet committed to or significant future investments that will enhance the asset's performance of the CGU being tested. The recoverable amount is most sensitive to the discount rate used for the discounted cash flow model as well as the expected future cash-inflows and the growth rate used for extrapolation purposes. The key assumptions used to determine the recoverable amount are disclosed and further explained in Note 14.

3. SIGNIFICANT ACCOUNTING JUDGMENTS AND ESTIMATES (cont'd)

3.2 *Estimates and assumptions (cont'd)*

Assets, liabilities and contingent liabilities acquired in a business combination

The Group is required to recognize separately, at the acquisition date, the identifiable assets, liabilities and contingent liabilities acquired or assumed in the business combination at their fair values, which involves estimates. Such estimates are based on valuation techniques, which require considerable judgment in forecasting future cash flows and developing other assumptions.

Income tax

Uncertainties exist with respect to the interpretation of complex tax regulations, changes in tax laws, and the amount and timing of future taxable income. Given the wide range of international business relationships and the long-term nature and complexity of existing contractual agreements, differences arising between the actual results and the assumptions made, or future changes to such assumptions, could necessitate future adjustments to tax income and expense already recorded. The Group establishes provisions, based on reasonable estimates, for possible consequences of audits by the tax authorities of the respective counties in which it operates. The amount of such provisions is based on various factors, such as experience of previous tax audits and differing interpretations of tax regulations by the taxable entity and the responsible tax authority. Such differences of interpretation may arise on a wide variety of issues depending on the conditions prevailing in the respective domicile of the Group companies.

The carrying amount of the Group's current tax liabilities is $15,000 (2014: $681,000). The Group's deferred tax assets and liabilities are disclosed in Note 20 to the financial statements.

Revaluation of property, plant and equipment

The Group measures land and buildings at revalued amounts with changes in fair value being recognised in other comprehensive income. The Group engaged an independent valuation specialist to assess the fair value. Land was valued by reference to market-based evidence, using comparable prices adjusted for specific market factors such as nature, location and condition of the property. Buildings were valued by reference to current replacement cost of the buildings and adjusted for their remaining economic life. The revaluation of property, plant and equipment is disclosed in Note 15 to the financial statements.

4. SERVICE FEE

	GROUP	
	2015 $'000	2014 $'000
Base fee	88,278	75,517
Variable fee	36,104	22,148
	124,382	97,665

5. HOSPITAL INCOME AND EXPENSES

Hospital income and expenses relate to revenue generated from and expenses incurred in the Group's two operating hospitals in Rajajinagar and Nagarbhavi.

6. OTHER INCOME

Other income mainly relates to lease income from pharmacy, cafeteria, bookshop, automated teller machines ("ATM") and other amenities in the Clinical Establishments of the Group. During the year, there is a $0.4 million of gain from a bargain purchase of Mohali Clinical Establishment being recognised. In the prior year, GST refunds in connection with the initial public offering expenses amounting to approximately $1.6 million were included in other income.

7. EMPLOYEE BENEFITS EXPENSE

	GROUP	
	2015 $'000	2014 $'000
Salaries, bonus and other benefits	2,906	2,913
Statutory Provident Fund contributions	54	107
	2,960	3,020

8. TRUSTEE-MANAGER FEES

	GROUP	
	2015 $'000	2014 $'000
Management fees	5,826	5,007
Trustee fees	249	216
Acquisition fee	582	–
	6,657	5,223

Under the trust deed, the Trustee-Manager is entitled to the following:

Management fee

Base fee

The Base fee (the "Base fee") is 0.4% (2014: 0.4%) per annum of the value of the net assets of the Group pursuant to the trust deed.

Performance fee

The Performance fee ("Performance fee") is 4.5% (2014: 4.5%) per annum of Distributable Income of the Group pursuant to the trust deed for the relevant financial year.

The Base fee and the Performance fee (collectively the "Management fee") shall be payable only for the period commencing from 19 October 2012.

Trustee fee

The Trustee fee is 0.03% (2014: 0.03%) per annum of the value of the net assets of the Group, subject to a minimum of $15,000 (2014: $15,000) per month, excluding out-of-pocket expenses.

As at 31 March 2015, approximately $3,094,000 (2014: $2,249,000) of Management fees and Trustee fees were outstanding.

Acquisition fee

The Acquisition fee is a one-off payment of 1.0% on the acquisition price of the investment.

9. FINANCE INCOME

	GROUP	
	2015 $'000	2014 $'000
Interest income on current account	36	20
Interest income from fixed deposits	32	133
Interest income from mutual funds	400	745
Others	246	80
	714	978

10. FINANCE EXPENSES

	GROUP	
	2015 $'000	2014 $'000
Interest on bank borrowings	5,582	2,060
Interest on deferred payment scheme on purchase of equipment	321	374
Bank charges	117	88
Others	62	23
	6,082	2,545

11. PROFIT BEFORE TAXES

The following items have been included in arriving at profit before taxes:

	GROUP	
	2015 $'000	2014 $'000
Housekeeping	5,825	4,567
Security	2,067	1,648
Power and fuel	915	724
Annual maintenance charges	2,252	1,395
Property tax	6,047	826
Insurance	167	144
Others	1,696	2,163
Other service fee expenses	18,969	11,467
Audit fees paid to:		
Auditor of the Trust	189	169
Other auditors	211	174
Non-audit fees paid to:		
Auditor of the Trust	193	23
Other auditors	208	201
Legal and other professional fees	3,125	484

12. INCOME TAX EXPENSE

The major components of income tax expense

	GROUP	
	2015 $'000	**2014 $'000**
Consolidated profit or loss:		
Current income tax		
– Current income taxation	12,454	12,659
Deferred tax expense		
– Origination and reversal of temporary differences	6,901	2,029
– Changes in tax rate	(59)	–
Income tax expenses	19,296	14,688
Statement of comprehensive income:		
Deferred tax expense related to other comprehensive income		
– Net surplus on revaluation of land and buildings	12,046	20,661
– Changes in tax rate	1,743	–

Relationship between tax expense and accounting profit

The reconciliation between tax expense and the product of accounting profit multiplied by the applicable corporate tax rate for the years ended 31 March 2015 and 2014 is as follows:

Profit before tax	56,719	56,161
Tax at the domestic rates applicable to profits in the countries where the Group operates	7,888	7,047
Adjustments:		
Income not subject to taxation	(2,619)	(1,814)
Non-deductible expenses	11,030	9,209
Deferred tax assets not recognised	3,056	246
Change in tax rate	(59)	–
Tax expense recognised in profit or loss	19,296	14,688

The above reconciliation is prepared by aggregating separate reconciliations for each national jurisdiction. The domestic tax rates for the entities in India and Singapore are 34.608% and 17% (2014: 32.445% and 17%) respectively. With effect from the current financial year, the effective domestic tax rate for entities in India has increased to 34.608% (2014: 32.445%), as legislated by the Indian Finance Act 2015.

The nature of income not subject to taxation mainly relates to partial tax exemption in Singapore based on a waiver granted by the Ministry of Finance.

13. EARNINGS PER UNIT

The calculation of basic and diluted earnings per unit is based on the weighted average number of units outstanding during the financial year and profit after tax attributable to the unitholders of the Trust.

	GROUP	
	2015	**2014**
Profit for the financial year attributable to unitholders of the Trust ($'000)	37,423	41,473
Weighted average number of units during the financial year ('000)	793,092	789,600
Basic and diluted earnings per unit (in cents per unit)	4.72	5.25

Diluted earnings per unit is the same as the basic loss per unit as there are no dilutive instruments in issue during the financial year.

14. INTANGIBLE ASSETS

	Customer related intangible $'000	Right to use "Fortis" brand $'000	Goodwill $'000	Other intangibles $'000	Total $'000
Group					
Cost:					
At 1 April 2013	53,799	1,003	95,590	57	150,449
Additions	–	–	–	55	55
Currency translation differences	(4,565)	(84)	(7,841)	(4)	(12,494)
At 31 March 2014 and 1 April 2014	49,234	919	87,749	108	138,010
Additions	–	–	–	1	1
Currency translation differences	2,491	47	4,438	5	6,981
At 31 March 2015	51,725	966	92,187	114	144,992
Accumulated amortisation:					
At 1 April 2013	821	31	–	3	855
Amortisation	1,623	61	–	23	1,707
Currency translation differences	(51)	(2)	–	–	(53)
At 31 March 2014 and 1 April 2014	2,393	90	–	26	2,509
Amortisation	1,627	60	–	78	1,765
Currency translation differences	192	7	–	5	204
At 31 March 2015	4,212	157	–	109	4,478
Net carrying amount:					
At 31 March 2014	46,841	829	87,749	82	135,501
At 31 March 2015	47,513	809	92,187	5	140,514

Customer related intangible arises from the HMSA which the Hospital Services Companies of the Group entered into with various FHL group of companies to provide medical and Clinical Establishment services. These Hospital Services Companies will receive Service Fees in consideration of the performance of the medical and Clinical Establishment services. Customer related intangible has an average remaining amortisation period of 27 years (2014: 28 years).

The two hospitals held by the Group, namely, Rajajinagar and Nagarbhavi operate under the "Fortis" brand name. These rights to use "Fortis" brand are being transferred as part of the acquisition of subsidiaries and the two hospitals will continue to use the "Fortis" brand name. These rights to use "Fortis" brand have an average remaining amortisation period of 12 years (2014: 13 years).

14. INTANGIBLE ASSETS (cont'd)

The goodwill of $83.0 million (2014: $79.0 million) arises on account of requirement to recognise deferred tax liability, calculated as a difference between the tax effect of the fair value of the acquired assets and liabilities and their tax bases. Balance goodwill of $9.2 million (2014: $8.8 million) comprises the value of synergies arising from the acquisition.

Other intangibles represent existing software and licenses that were acquired by the subsidiaries prior to the acquisition. Other intangibles have an average remaining amortisation period of 1 year (2014: 2 years).

Impairment testing of goodwill

Goodwill is allocated based on the entities providing medical and Clinical Establishment services. The recoverable amount as at 31 March 2015 was determined based on value-in-use calculation using cash flow projections from financial budgets approved by the management of the Trustee-Manager covering a period of more than five years. The pre-tax discount rate applied to the cash flow projections and the forecasted growth rates used to extrapolate cash flow projections beyond the five year period are 13.25% and 11%. The discounted cash flow projections derived from the financial budgets approved by the Trustee-Manager cover a period of more than five years because of the long-term nature of the HMSA. The key assumptions made are those regarding the discount rate, growth rate, forecasted costs and terminal value.

The value in use calculations are most sensitive to the following assumptions:

Growth rates, forecasted costs and terminal value – These are based on management's expectation of market development.

Pre-tax discount rates – Discount rates represent the current market assessment of the risks specific to the CGU, regarding the time value of money and individual risks of the underlying assets which have not been incorporated in the cash flow estimates. The discount rate calculation is based on the specific circumstances of the Group and its operating segments and derived from its weighted average cost of capital ("WACC"). The WACC takes into account both debt and equity. The cost of equity is derived from the expected return on investment by the Group's investors. The cost of debt is based on the interest bearing borrowings the Group is obliged to service. Segment–specific risk is incorporated by applying individual beta factors. The beta factors are evaluated annually based on publicly available market data.

Sensitivity to changes in assumption

With regards to the assessment of value in use, management believes that no reasonably possible changes in any of the above key assumptions would cause the carrying value of entities to exceed its recoverable amount.

No impairment was considered necessary for the financial year ended 31 March 2014 and 2015.

15. PROPERTY, PLANT AND EQUIPMENT

	Freehold land $'000	Leasehold land $'000	Buildings $'000	Plant and machinery $'000	Medical equipment $'000	Furniture and fittings $'000	Office equipment $'000	Computers $'000	Vehicles $'000	Assets under construction $'000	Total $'000
Group											
Cost or valuation:											
At 1 April 2013	324,930	96,630	186,707	33,536	21,247	4,140	700	398	1	2,968	671,257
Additions	–	–	2,742	679	965	90	86	37	–	921	5,520
Reclassification	–	–	1,159	417	740	–	–	2	–	(2,318)	–
Revaluation	31,374	8,400	31,971	–	–	–	–	–	–	–	71,745
Write-off	–	–	(311)	(19)	(26)	(17)	(1)	–	–	(346)	(720)
Elimination of accumulated depreciation on revaluation	–	(988)	(6,318)	–	–	–	–	–	–	–	(7,306)
Currency translation differences	(27,120)	(8,113)	(15,542)	(2,756)	(1,802)	(339)	(36)	(11)	–	(267)	(55,986)
At 31 March 2014 and 1 April 2014	329,184	95,929	200,408	31,857	21,124	3,874	749	426	1	958	684,510
Additions	34,169	–	22,390	4,447	687	1	1	–	–	9,448	71,143
Reclassification	–	–	346	2,032	2,738	19	17	22	18	(5,192)	–
Revaluation	40,519	7,012	10,598	–	–	–	–	–	–	–	58,129
Write-off	–	–	(180)	(173)	(65)	–	–	–	–	–	(418)
Elimination of accumulated depreciation on revaluation	–	(705)	(5,924)	–	–	–	–	–	–	–	(6,629)
Currency translation differences	10,881	4,852	11,119	2,544	1,647	263	21	62	1	312	31,702
At 31 March 2015	414,753	107,088	238,757	40,707	26,131	4,157	788	510	20	5,526	838,437
Representing:											
– Cost	–	–	–	40,707	26,131	4,157	788	510	20	5,526	77,839
– Valuation	414,753	107,088	238,757	–	–	–	–	–	–	–	760,598
	414,753	107,088	238,757	40,707	26,131	4,157	788	510	20	5,526	838,437

15. PROPERTY, PLANT AND EQUIPMENT (cont'd)

	Freehold land $'000	Leasehold land $'000	Buildings $'000	Plant and machinery $'000	Medical equipment $'000	Furniture and fittings $'000	Office equipment $'000	Computers $'000	Vehicles $'000	Assets under construction $'000	Total $'000
Group											
Accumulated depreciation:											
At 1 April 2013	–	–	2,134	963	1,723	276	23	31	–	–	5,150
Depreciation charge	–	1,025	4,321	2,063	3,198	274	42	61	–	–	10,984
Write-off	–	–	(7)	(8)	(13)	(4)	(1)	–	–	–	(33)
Elimination of accumulated depreciation on revaluation	–	(988)	(6,318)	–	–	–	–	–	–	–	(7,306)
Currency translation differences	–	(37)	(130)	(57)	(108)	(19)	(2)	(2)	–	–	(355)
At 31 March 2014 and 1 April 2014	–	–	–	2,961	4,800	527	62	90	–	–	8,440
Depreciation charge	–	676	5,688	2,188	3,194	279	56	62	–	–	12,143
Write-off	–	–	(11)	(40)	(14)	–	–	–	–	–	(65)
Elimination of accumulated depreciation on revaluation	–	(705)	(5,924)	–	–	–	–	–	–	–	(6,629)
Currency translation differences	–	29	247	243	381	39	5	7	–	–	951
At 31 March 2015	–	–	–	5,352	8,361	845	123	159	–	–	14,840
Net carrying amount:											
At 31 March 2014	329,184	95,929	200,408	28,896	16,324	3,347	687	336	1	958	676,070
At 31 March 2015	414,753	107,088	238,757	35,355	17,770	3,312	665	351	20	5,526	823,597

Net cash flow on additions to property, plant and equipment

During the year, the acquisition of property, plant and equipment in relation to Mohali Clinical Establishment amounted to S$61,200,000.

During the year, additions to property, plant and equipment of the Group excluding the above-mentioned acquisition amounted to $9,448,000 (2014: nil) of which $743,000 (2014: nil) was payable as at the year ended 31 March 2015. Net cash outflow on purchase of property, plant and equipment for the year ended 31 March 2015 amounted to $8,705,000 (2014: $4,599,000).

15. PROPERTY, PLANT AND EQUIPMENT (cont'd)

Revaluation of land and buildings

The Group engaged DTZ International Property Advisers Pvt. Ltd. ("DTZ"), an independent valuer to determine the fair value of land and buildings.

Fair value of land is determined by the direct comparison approach. This means that valuations performed by the valuer are based on active market prices, adjusted for any difference in the nature, location or condition of the specific property. The date of the revaluation was 31 March 2015.

Had the land been measured using the cost model, the carrying amounts would be as follows:

	GROUP	
	2015 $'000	**2014 $'000**
Land at 31 March		
Cost	440,189	385,060
Accumulated depreciation	(2,265)	(1,276)
Net carrying amount	437,924	383,784

Fair value of buildings is determined based on the depreciated replacement cost method. This means that valuations performed by the valuer are based on the current replacement cost of the buildings and adjusted for their remaining economic life. The replacement cost of each building is based on the technical due diligence report performed by Cushman & Wakefield (India) Private Ltd during the initial public offering and adjusted by DTZ based on current market trends. The remaining economic life of the buildings has been assessed by DTZ based on visual inspection of the buildings.

Had the buildings been measured using the cost model, the carrying amounts would be as follows:

	GROUP	
	2015 $'000	**2014 $'000**
Buildings at 31 March		
Cost	206,959	174,757
Accumulated depreciation	(11,082)	(6,318)
Net carrying amount	195,877	168,439

The Group has recognised certain land which title deeds have yet to be registered in or transferred to the name of the subsidiaries concerned as effective economic benefits associated with the land will flow to the Group.

16. BUSINESS COMBINATIONS AND ACQUISITIONS

Acquisition of business

On 2 May 2014, the Group, through its subsidiary, EHSSHL, acquired the land and building of Mohali Clinical Establishment from Radha Soami Satsang Beas. In conjunction with the acquisition of land and building, the Group purchased from Fortis (i) the business undertakings relating to the provision of out-patient rehabilitation and consultation services and day care services and radiology and imaging diagnostic services and (ii) immovable plant and machinery at the Mohali Clinical Establishment.

Net assets purchased have been recorded at fair value determined as at 2 May 2014 in accordance with IFRS 3. Fair valuation of assets i.e. land, building, immovable plant and machinery, and net current liabilities are recorded based on an independent valuation report obtained from VGrow Advisors Private Limited ("VGrow"). VGrow have relied on independent valuation reports issued by Cushman & Wakefield (India) Private Limited for the purpose of land and building, K.K Mankeshwar & Co for the purpose of business undertaking and Sapient Services Pvt. Ltd. for the purpose of immovable plant and machinery.

Land
The fair valuation exercise on land has been undertaken by Cushman & Wakefield (India) Private Limited based on the sales comparable method. Under this method, market rates of identifiable comparable lands are used. In certain cases, due to non-availability of suitable comparable land, adjustments have been made to the prevailing market value to account for the differences.

Building
The fair valuation exercise on building has been undertaken by Cushman & Wakefield (India) Private Ltd, based on the depreciated replacement cost method. The replacement cost of each building is based on technical due diligence performed by Cushman & Wakefield (India) Private Ltd on the building/improvements and current market trends. The replacement cost is reduced by the depreciation to estimate the depreciated replacement cost of buildings.

Immovable plant and machinery
The fair valuation exercise on immovable plant and machinery has been undertaken by Sapient Services Pvt.Ltd., an independent valuer, based on the depreciated replacement cost method. The replacement cost of the immovable plant and machinery is based on the prevailing market information of similar nature. The replacement cost is reduced by the depreciation to estimate the depreciated replacement cost the immovable plant and machinery.

Working capital
The fair valuation exercise on working capital has been undertaken by an independent valuer based on discounted cash flows.

16. BUSINESS COMBINATIONS AND ACQUISITIONS (cont'd)

Gain from a bargain purchase

The fair value of net assets acquired exceeded the fair value of the total consideration paid by $401,000 for which had been recognised as a gain in the profit and loss. Such bargain arose due to Sellers' commitment to the consideration despite an increase in the fair values of the net assets during the delay in completion of the acquisition.

Impact of the bargain purchase on profit or loss

From the acquisition date, the Mohali Clinical Establishment has contributed $9,600,000 of revenue and $4,900,000 profit to the Group for the year.

The fair value of the identifiable assets and liabilities as at the date of acquisition were:

	Fair value recognised on acquisition $'000
ASSETS	
Non-current assets	
Property, plant and equipment	61,200
	61,200
Current assets	
Inventories	25
Financial asset	77
Trade receivables	36
Other assets	17
	155
Total assets acquired	61,355
LIABILITIES	
Non-current liabilities	
Deferred tax liabilities	548
	548
Current liabilities	
Trade payables and other payables	517
Other liabilities	43
	560
Total liabilities acquired	1,108
Total net assets acquired	60,247
Cash consideration paid	59,846
Gain from a bargain purchase	(401)

17. INVESTMENT IN SUBSIDIARIES

	TRUST	
	2015 $'000	2014 $'000
Investments, unquoted equity shares at cost	12,634	12,634

	Name	Principal activities	Country of incorporation	Proportion (%) of ownership interest	
				2015	2014
	Held by the Trust				
(1)	Fortis Global Healthcare Infrastructure Pte Ltd ("FGHIPL")	Provision of consultancy and management services and that of an investment holding company	Singapore	100	100
	Held through subsidiaries:				
(2)	Fortis Health Management Limited ("FHML")	Provision of medical and Clinical Establishment services	India	100	100
(2)	Hospitalia Eastern Private Limited	Provision of medical and Clinical Establishment services	India	100	100
(2)	Fortis Hospotel Limited ("FHTL")	Provision of medical and Clinical Establishment services	India	49 (3)	49 (3)
(2)	International Hospital Limited ("IHL")	Provision of medical and Clinical Establishment services	India	100	100
(2)	Escorts Heart and Super Speciality Hospital Limited	Provision of medical and Clinical Establishment services	India	100	100
(1)	Religare Healthtrust Services Pte. Ltd.	Provision of consultancy and management services and that of an investment holding company	Singapore	100	100

(1) Audited by Ernst & Young LLP
(2) Audited by S.R. Batliboi & Co LLP (a member firm of Ernst & Young Global)
(3) Basis of Consolidation of Fortis Hospotel Limited ("FHTL")

The Group has acquired 49% interest in Fortis Hospotel Limited ("FHTL"), the owner of the New Delhi, Shalimar Bagh Clinical Establishment and Gurgaon Clinical Establishment. The Group has also entered into a Shareholders' Agreement with a related party on 17 September 2012 to acquire the remaining 51% interest in FHTL. However, the legal title of the 51% interest in FHTL has not been transferred to the Group as at year end.

Under the Shareholders' Agreement, the Group has the right to appoint 50% of the directors of FHTL, including the Chairman of the Board of Directors of FHTL who has casting vote in case of deadlock on any matters to be decided at the Board of Directors level. The related party has also assigned its right to receive dividends from FHTL in favour of the Group. Accordingly, the Trustee-Manager concluded that as the Group is able to direct the relevant activities of FHTL, the Group has consolidated 100% of FHTL.

18. LOAN TO A SUBSIDIARY/AMOUNTS DUE FROM SUBSIDIARIES

Loan to a subsidiary

The loan to a subsidiary is a quasi-equity loan which represents an extension of investment in the subsidiary. It is unsecured and interest free. Settlements are neither planned nor likely to occur in the foreseeable future.

Amounts due from subsidiaries

The amounts due from subsidiaries are non-trade, unsecured, interest free and repayable on demand.

19. FINANCIAL ASSETS

	GROUP		TRUST	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
Non-current				
Accrued income	31,657	24,718	–	–
Security deposits paid	1,475	1,269	–	–
Other advances	1,744	809	–	–
Others	275	–	–	–
	35,151	26,796	–	–
Current				
Unquoted shares	66,083	62,900	–	–
Short term investments	–	5,092	–	–
Fixed deposits*	322	438	–	–
Dividend receivable	–	–	36,400	30,000
Others	1,534	589	10	202
	67,939	69,019	36,410	30,202

* Fixed deposits relate to fixed deposits placed with banks with a maturity period above three months but less than twelve months

Accrued income

Accrued income relates to base service fee accounted for on a straight line basis over the term of the HMSA.

Unquoted shares

The Group has subscribed for unquoted compulsorily convertible preference shares ("CCPS") in a related party. Dividends will be paid on the CCPS at the rate of 0.01% per annum and shall be due and payable only at the end of the period of 15 years from the date of issue of the CCPS.

Short term investments

Short term investments relate to investments in quoted mutual funds and are unsecured.

Dividend receivable

Dividend receivable relates to the dividend receivable from FGHIPL.

20. DEFERRED TAX

Deferred tax as at 31 March relates to the following:

	GROUP			
	Consolidated balance sheet		Consolidated profit or loss	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
Deferred tax liabilities:				
Fair value adjustments arising on acquisition of subsidiaries*	88,064	82,904	–	209
Revaluation to fair value – land and buildings	31,807	17,150	–	–
Differences in depreciation and accrued income for tax purposes	11,612	3,449	6,360	1,820
	131,483	103,503	6,360	2,029
Deferred tax assets:				
Minimum alternate taxes credit (MAT credit)	3,082	945	482	–
Deferred tax expense			6,842	2,029

* Net of deferred tax assets on carry forward losses/unabsorbed capital allowances

Minimum alternate taxes credit ("MAT credit")

If the tax liability computed under the normal provisions of the Indian Income Tax Act, 1961 ("IITA") is less than 18.5% of the book profits shown in the profit and loss account, after making certain specified adjustments, an entity is liable to pay Minimum Alternate Tax ("MAT") at a rate of 18.5% of the book profits. MAT paid during any financial year is creditable for a period of 10 years against future tax liabilities arising under the normal provisions of the IITA. Should the MAT credit be assessed to be not recoverable, the same will be written off the profit and loss.

Unrecognised tax losses and unabsorbed capital allowances

At the end of the reporting period, the Group has tax losses of approximately $2,574,000 (2014: $3,394,000) and unabsorbed capital allowances of approximately $36,052,000 (2014: $38,916,000) that are available for offset against future taxable profits of the companies in which the losses arose, for which no deferred tax asset is recognised for approximately $2,011,000 (2014: $709,000) due to uncertainty of its recoverability. The use of these tax losses is subject to the agreement of the tax authorities and compliance with certain provisions of the tax legislation of the respective countries in which the companies operate.

Tax consequences of proposed distributions

There are no income tax consequences (2014: nil) attached to the distributions to the unitholders proposed by the Trust but not recognised as a liability in the financial statements.

21. OTHER ASSETS

	GROUP	
	2015 $'000	2014 $'000
Non-current		
Prepaid taxes	23,164	18,708

Prepaid taxes

Prepaid taxes mainly relate to tax deducted at source on service fee and hospital income. These prepaid taxes are offset against any corporate tax payable for the year of assessment. The unutilised amount will be refunded on the finalisation of the assessment which is not expected to be completed within the next twelve months.

22. TRADE RECEIVABLES

	GROUP	
	2015 $'000	2014 $'000
Service fees due from subsidiaries of a substantial unitholder	24,298	18,840
Hospital fees	987	969
Others	522	2,238
Total trade receivables (Gross)	25,807	22,047
Less: Allowance for impairment	(574)	(477)
Total trade receivables (Net)	25,233	21,570

Trade receivables are non-interest bearing, generally on 30 to 90 days' (2014: 30 to 90 days') terms and denominated in Indian Rupees. They are recognised at their original invoice amounts which represent their fair values on initial recognition.

Receivables that are past due but not impaired

The Group has trade receivables amounting to $447,000 (2014: $491,000) that are past due at the end of the reporting period but not impaired. These receivables are unsecured and the analysis of their aging at the end of the reporting period is as follows:

Trade receivables past due but not impaired

Lesser than 30 days	136	153
30 – 60 days	94	166
61 – 90 days	79	48
91 – 120 days	106	80
More than 120 days	32	44
	447	491

22. TRADE RECEIVABLES (cont'd)

Receivables that are impaired

The Group's trade receivables that are impaired at the end of the reporting period and the movement of the allowance accounts used to record the impairment are as follows:

	GROUP	
	2015 $'000	**2014 $'000**
Trade receivables – nominal amounts	715	641
Less: Allowance for impairment	(574)	(477)
	141	164
Movement in allowance accounts:		
At 1 April	477	228
Charge for the year	70	265
Exchange differences	27	(16)
At 31 March	574	477

Trade receivables that are individually determined to be impaired at the end of the reporting period relate to debtors that are in significant financial difficulties and have defaulted payments. These receivables are not secured by any collateral or credit enhancements.

23. CASH AND BANK BALANCES

	GROUP		TRUST	
	2015 $'000	**2014 $'000**	**2015 $'000**	**2014 $'000**
Cash at bank	4,053	8,233	251	361
Cash at hand	117	26	–	–
Cash and cash equivalents	4,170	8,259	251	361

23. CASH AND BANK BALANCES (cont'd)

Cash and short-term deposits denominated in foreign currencies at 31 March are as follows:

	GROUP	
	2015 $'000	2014 $'000
Indian Rupees	1,887	872

24. LOANS AND BORROWINGS

	GROUP	
	2015 $'000	2014 $'000
Non-current		
Term loan	62,287	59,057
Deferred payment scheme	1,389	2,459
	63,676	61,516
Current		
Term loan	61,182	317
Deferred payment scheme	1,195	938
Loan from a related party	–	1,694
	62,377	2,949

Term loan

During the year, the Group entered into an additional loan facility with DBS Bank Ltd for an amount of S$32.5 million and a loan facility with Deutsche Bank AG, Singapore Branch, for an amount of the S$32.5 million in connection with the acquisition of Mohali Clinical Establishment. The interest paid will be Swap Offered Rate plus 3.5%. The loan is repayable at the end of three years from the initial utilisation date and has been considered as non-current as the Group expects to repay the same on maturity. Interest expense payable to the lender has been recorded as current as the amount is expected to be repaid within the next twelve months.

The Group has an existing loan facility of $60 million from DBS Bank Ltd., Singapore. The interest paid will be Swap Offered Rate plus 2%. The loan is repayable on 19 October 2015 and has been classified as current as at 31 March 2015. Interest expense payable to the lender has been recorded as current as the amount is expected to be repaid within the next twelve months.

The amount of unamortised upfront fee included in the term loans as of 31 March 2015 and 31 March 2014 are S$3.0 million and S$0.9 million respectively.

Each of the loan is secured by:

- irrevocable pledge on the shares of FGHIPL on pari passu basis;
- non-disposable undertaking on the hospital infrastructure companies owned by FGHIPL on pari passu basis; and
- first pari passu legal assignment over the interest, benefits and rights over all existing and future loans granted by the borrower to its subsidiaries.

24. LOANS AND BORROWINGS (cont'd)

Deferred payment scheme

The Group entered into an agreement with Philips Electronics India Limited ("Philips") for purchasing radiology equipment on a deferred payment basis for a total consideration of $5,372,868 ("Consideration") in FY2013.

Of the total consideration, $4,029,651 ("Fixed Instalments") in the form of deferred credit shall be paid in twenty (20) quarterly instalments over five years:

1st Year : 10% of outstanding amount
2nd Year: 15% of outstanding amount
3rd Year : 20% of outstanding amount
4th Year : 25% of outstanding amount
5th Year : 30% of outstanding amount

The interest rate for the first year is 9% and on a reducing basis. The interest rate from the second year onwards is State Bank of India Base Lending Rate + 50 basis points. In addition, there is a variable payment each quarter calculated on 0.38% of the Operating revenues of Fortis Hospital, Gurgaon. The Group at its sole option may choose to repay in full, the outstanding liabilities to Philips.

Loan from a related party

The loan from a related party was unsecured, interest free and repayable on demand. This loan was repaid during the year.

25. TRADE AND OTHER PAYABLES

	GROUP	
	2015 $'000	**2014 $'000**
Trade payables		
– Third parties	6,138	3,401
– Related parties	–	105
Other payables		
– Third parties	824	2,037
	6,962	5,543

Trade payables

Trade payables are non-interest bearing and are normally settled on 30 – 60 days' (2014: 30 – 60 days') terms.

Other payables

Other payables are non-interest bearing, unsecured, repayable upon demand and are to be settled in cash.

26. OTHER LIABILITIES

	GROUP		TRUST	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
Current				
Amounts due to related parties	69,194	65,252	3,094	2,249
Accrued operating expenses	4,253	2,173	1,442	425
Withholding taxes payable	7,562	8,392	–	–
Others	543	264	–	–
	81,552	76,081	4,536	2,674

Amounts due to related parties

Amounts due to related parties mainly relates to $66.0 million (2014: $62.9 million) payable to Fortis Healthcare Limited for its 51% interest in FHTL, subject to fulfilment of certain conditions, applicable laws including receipt of necessary approvals from all third parties.

Amounts due to related parties also include $3,094,000 (2014: $2,249,000) due to the Trustee-Manager which is mainly the Trustee-Manager fees.

Withholding taxes payable

This relates to withholding taxes incurred and payable for the respective financial years to Indian tax authorities for interest expense payable from the Indian subsidiaries to a Singapore incorporated subsidiary. Such amounts are to be paid within the next twelve months.

27. DERIVATIVE FINANCIAL INSTRUMENTS

	GROUP					
	2015			2014		
	Contract notional amount $'000	Asset $'000	Liability $'000	Contract notional amount $'000	Asset $'000	Liability $'000
Foreign currency forward contracts (current)	74,744	–	6,834	56,238	–	1,759

The Group has entered into foreign currency forward contracts to hedge the Group's interest receivable in Indian Rupees.

28. UNITS IN ISSUE

	GROUP AND TRUST			
	2015		2014	
	No. of issued units ('000)	$'000	No. of issued units ('000)	$'000
Issued and fully paid ordinary unit:				
At 1 April	791,018	503,760	788,132	501,369
Payment of Trustee-Manager fees in units	3,615	3,420	2,886	2,391
At 31 March	794,633	507,180	791,018	503,760

The unitholders are entitled to receive distributions as and when declared by the Trust. Units held by Fortis Healthcare Limited are not entitled to receive distribution until after the financial year ended 31 March 2014. All units carry one vote per unit without restrictions. The units have no par value.

29. OTHER RESERVES

(a) ***Capital reserve***

FHL transferred businesses to KHL and FHML at below fair value. The amount of $210,216,000 (2014: $210,216,000) of capital reserve represents the excess of interest of FHML and KHL in the net fair value of the identifiable assets and liabilities transferred over the consideration. This reserve in substance represents FHL's contribution to the Group for its retained interest.

(b) ***Foreign currency translation reserve***

The foreign currency translation reserve represents exchange differences arising from the translation of the financial statements of foreign operations whose functional currencies are different from that of the Group's presentation currency.

(c) ***Revaluation reserve***

The revaluation reserve represents increases in the fair value of land and buildings, net of tax, and decreases to the extent that such decreases relate to an increase on the same asset previously recognised in other comprehensive income.

(d) ***Capital redemption reserve***

Capital redemption reserve is a statutory reserve created in accordance with India's Companies Act 1956 in connection to redemption of preference shares of an Indian subsidiary company. The reserve is not considered a free reserve for distribution of dividend and can be utilised only for the purpose of issuing bonus shares.

(e) ***Re-measurement of defined benefit plan reserve***

Re-measurement of defined benefit plan reserve is a reserve to record the actuarial gain or loss under a defined benefit plan which is recorded in other comprehensive income.

30. SIGNIFICANT RELATED PARTY TRANSACTIONS

In addition to the related party information disclosed elsewhere in the financial statements, the following significant transactions between the Group and related parties took place at terms agreed between the parties during the financial year:

The Group has entered into several service agreements in relation to the management of the Group and its Clinical Establishments operations. These agreements are entered into with the Trustee-Manager and FHL group of companies, which are companies that are controlled by a unitholder that has significant influence over the Group. The fee structures of these services are as follows:

I. Trustee-Manager's fees

Under the trust deed, the Trustee-Manager is entitled to the following:

Management fee

Base fee

The base fee (the "Base fee") is 0.4% per annum of the Group's net assets value pursuant to the trust deed and is paid quarterly.

Performance fee

The performance fee ("Performance fee") is 4.5% per annum of distributable income of the Group pursuant to the trust deed for the relevant financial year (calculated before accounting for the Management fee in the relevant financial year), and paid quarterly.

The Base fee and the Performance fee (collectively the "Management fee") shall be payable only for the period commencing from 19 October 2012.

Trustee fee

The Trustee fee is 0.03% per annum of the Group's net assets value, subject to a minimum of $15,000 per month, excluding out-of-pocket expenses and paid quarterly.

Acquisition fee

The Acquisition fee is a one-off payment of 1.0% on the acquisition price of the investment acquired.

II. Sale and purchase of goods and services

	GROUP	
	2015 $'000	**2014 $'000**
Service fee earned from subsidiaries of a substantial unitholder	124,382	97,665
Trustee-Manager fee paid to the Trustee-Manager	6,657	5,223

Included in the service fee is Technology renewal fee. During the term of the HMSA, FHL group of companies must maintain a technology renewal fund ("TRF") for funding the replacement, refurbishment and/or upgrade of medical equipment owned or used by the Hospital Services Company. A fixed amount from the Base Service Fee payable to each Hospital Services Company under each HMSA for each quarter shall be retained by FHL group of companies for deposit into the TRF on a quarterly basis ("Retained TRF Amount").

30. SIGNIFICANT RELATED PARTY TRANSACTIONS (cont'd)

II. Sale and purchase of goods and services (cont'd)

FHL group of companies can draw on the TRF to pay for expenditure incurred by the Hospital Services Company for the replacement, refurbishment and/or upgrade of medical equipment owned or used by the Hospital Services Company (the "Technology renewal fee"). Any amounts withdrawn from the TRF shall require the prior written consent of the Hospital Services Company, and may only be used for the purposes of replacing any medical equipment owned by the Hospital Services Company.

III. Compensation of key management personnel

Key management of the Group are the executive officers of the subsidiary entities. The compensation paid or payable to key management for employee services is shown below:

	GROUP	
	2015 $'000	**2014 $'000**
Short-term employee benefits paid to key management personnel	339	282

31. COMMITMENTS

(a) ***Capital commitments***

Capital expenditure contracted for at the balance sheet date but not recognised in the financial statements is as follows:

	GROUP	
	2015 $'000	**2014 $'000**
Capital commitments in respect of property, plant and equipment	16,538	1,960

(b) ***Operating lease commitments – as lessee***

The Group leases office premises from non-related parties under non-cancellable operating lease agreements. Minimum lease payments recognised as an expense in profit or loss for the financial year ended 31 March 2015 amounted to $293,341 (2014: $116,102). The future minimum lease payments under non-cancellable operating leases contracted for at the reporting date but not recognised as payable, are as follows:

	GROUP	
	2015 $'000	**2014 $'000**
Not later than one year	292	223
Later than one year but not later than five years	823	781
	1,115	1,004

31. COMMITMENTS (cont'd)

(c) ***Medical service commitments***

The Group has entered into individual HMSA with FHL group of companies wherein the Group is required to provide and maintain the Group's Clinical Establishments along with other services like out-patient diagnostics and radio diagnostic. The term of the individual HMSA is 15 years and the Group is entitled to receive composite service fee i.e. base and variable fee. The base fee is fixed and increase 3% year on year. The variable fee is based on a percentage of the FHL group of companies' net operating income in accordance with the HMSA. Future minimum base fee receivable at the end of the reporting period is as follows:

	GROUP	
	2015 $'000	**2014 $'000**
Not later than one year	89,113	78,800
Later than one year but not later than five years	381,675	339,564
Later than five years	825,909	840,319
	1,296,697	1,258,683

32. FAIR VALUE OF FINANCIAL INSTRUMENTS

(a) ***Fair value hierarchy***

The Group classifies fair value measurement using a fair value hierarchy that reflects the significance of the inputs used in making the measurements. The fair value hierarchy have the following levels:

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities
- Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e., as prices) or indirectly (i.e., derived from prices), and
- Level 3 – Inputs for the asset or liability that are not based on observable market data (unobservable inputs).

Fair value measurements that use inputs of different hierarchy levels are categorised in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement.

There has been no transfer between Level 1, Level 2 and Level 3 during the financial year ended 31 March 2015.

32. FAIR VALUE OF FINANCIAL INSTRUMENTS (cont'd)

(b) ***Assets and liabilities measured at fair value***

The following table shows an analysis of each class of assets and liabilities measured at fair value at the end of the reporting period:

	Quoted prices in active markets for identical instruments (Level 1) $'000	Significant observable inputs other than quoted prices (Level 2) $'000	Significant un-observable inputs (Level 3) $'000	Total $'000
Group				
2015				
Non-financial asset:				
Property, plant and equipment (Note 15)	–	–	760,598	760,598
Financial assets:				
Unquoted shares (Note 19)	–	–	66,083	66,083
Financial liabilities:				
Derivatives (Note 27)				
– Foreign currency forward contracts	–	6,834	–	6,834

	Quoted prices in active markets for identical instruments (Level 1) $'000	Significant observable inputs other than quoted prices (Level 2) $'000	Significant un-observable inputs (Level 3) $'000	Total $'000
Group				
2014				
Non-financial asset:				
Property, plant and equipment (Note 15)	–	–	625,521	625,521
Financial assets:				
Short term investments (quoted) (Note 19)	5,092	–	–	5,092
Unquoted shares (Note 19)	–	–	62,900	62,900
	5,092	–	62,900	67,992
Financial liabilities:				
Derivatives (Note 27)				
– Foreign currency forward contracts	–	1,759	–	1,759

32. FAIR VALUE OF FINANCIAL INSTRUMENTS (cont'd)

(c) ***Level 2 fair value measurements***

The following is a description of the valuation techniques and inputs used in the fair value measurement for assets and liabilities that are categorised within Level 2 of the fair value hierarchy:

Derivatives

Foreign currency forward contracts are valued using a valuation technique with market observable inputs. The most frequently applied valuation techniques include forward pricing, using present value calculations. The models incorporate various inputs including the foreign exchange spot and forward rates, and forward rate curves.

(d) ***Level 3 fair value measurements***

(i) *Information about significant unobservable inputs used in Level 3 fair value measurements*

The following table shows the information about fair value measurements using significant unobservable inputs (Level 3)

Description	Fair Value at 31 March 2015 ($'000)	Valuation techniques	Significant unobservable inputs	Range of significant unobservable inputs	Relationship of significant unobservable inputs to fair value
Financial asset:					
Financial assets: (Note 19)					
Unquoted shares	66,083	DCF method	WACC	11.03%	Increase/ (decrease) in the WACC by 1% will result in a (decrease)/ increase in fair value by $6.9 million
			Long-term growth rate for cash flows	5%	Increase/ (decrease) in the growth rate by 1% will result in an increase/ (decrease) in fair value by $8.9 million

32. FAIR VALUE OF FINANCIAL INSTRUMENTS (cont'd)

(d) ***Level 3 fair value measurements (cont'd)***

(i) *Information about significant unobservable inputs used in Level 3 fair value measurements (cont'd)*

Description	Fair Value at 31 March 2015 ($'000)	Valuation techniques	Significant unobservable inputs	Range of significant unobservable inputs	Relationship of significant unobservable inputs to fair value
Non-financial asset:					
Property, plant and equipment: (Note 15)					
Freehold land	414,753	Direct comparison approach	Price per square feet	$29 to $424	Increase/(decrease) in estimated price per square feet will result in a higher/ (lower) fair value
Leasehold land	107,088	Direct comparison approach	Price per square feet	$64 to $316	Increase/(decrease) in estimated price per square feet will result in a higher/ (lower) fair value
Buildings	238,757	Depreciated replacement cost approach	Replacement cost per square feet	$67 to $88	Increase/(decrease) in estimated replacement cost per square feet will result in a higher/ (lower) fair value
			Balance economic life	34 years to 43 years	Increase/(decrease) in estimated balance useful life will result in a higher/(lower) fair value

32. FAIR VALUE OF FINANCIAL INSTRUMENTS (cont'd)

(d) ***Level 3 fair value measurements (cont'd)***

(i) *Information about significant unobservable inputs used in Level 3 fair value measurements (cont'd)*

Description	Fair Value at 31 March 2014 ($'000)	Valuation techniques	Significant unobservable inputs	Range of significant unobservable inputs	Relationship of significant unobservable inputs to fair value
Financial asset:					
Financial assets: (Note 19)					
Unquoted shares	62,900	DCF method	WACC	11.33%	Increase/ (decrease) in the WACC by 1% will result in a (decrease)/ increase in fair value by $6.5 million
			Long-term growth rate for cash flows	5%	Increase/ (decrease) in the growth rate by 1% will result in an increase/ (decrease) in fair value by $5.6 million

32. FAIR VALUE OF FINANCIAL INSTRUMENTS (cont'd)

(d) ***Level 3 fair value measurements (cont'd)***

(i) *Information about significant unobservable inputs used in Level 3 fair value measurements (cont'd)*

Description	Fair Value at 31 March 2014 ($'000)	Valuation techniques	Significant unobservable inputs	Range of significant unobservable inputs	Relationship of significant unobservable inputs to fair value
Non-financial asset:					
Property, plant and equipment: (Note 15)					
Freehold land	329,184	Direct comparison approach	Price per square feet	$27 to $391	Increase/(decrease) in estimated price per square feet will result in a higher/ (lower) fair value
Leasehold land	95,929	Direct comparison approach	Price per square feet	$55 to $287	Increase/(decrease) in estimated price per square feet will result in a higher/ (lower) fair value
Buildings	200,408	Depreciated replacement cost approach	Replacement cost per square feet	$61 to $79	Increase/(decrease) in estimated replacement cost per square feet will result in a higher/ (lower) fair value
			Balance economic life	35 years to 44 years	Increase/(decrease) in estimated balance useful life will result in a higher/(lower) fair value

32. FAIR VALUE OF FINANCIAL INSTRUMENTS (cont'd)

(d) ***Level 3 fair value measurements (cont'd)***

(ii) *Valuation policies and procedures*

The Group engages external, independent and qualified valuers to determine the fair value of the Group's unquoted shares and properties at the end of every financial year.

The Trustee-Manager is responsible for selecting and engaging valuation experts that possess the relevant credentials and knowledge for the valuation of the unquoted shares and properties.

For valuation performed by external valuers, management reviews the appropriateness of the valuation methodologies and assumptions adopted.

Significant changes in fair value measurements from period to period are evaluated by management for reasonableness. Key drivers of the changes are identified and assessed for reasonableness against relevant information from independent external sources, or internal sources if necessary and appropriate. Significant valuation issues are reported to the Audit and Risk Management Committee.

(e) ***Fair value of financial instruments by classes that are not carried at fair value and whose carrying amounts are reasonable approximation of fair value***

Financial assets – current (other than short term investments and unquoted shares) (Note 19), trade receivables (Note 22), other assets – current, cash and bank balances (Note 23), loans and borrowings (Note 24), trade and other payables (Note 25) and other liabilities – current (Note 26).

The carrying amounts of these financial assets and liabilities are reasonable approximation of fair values, either due to their short-term nature or that they are floating rate instruments that are re-priced to market interest rates on or near the end of the reporting period.

32. FAIR VALUE OF FINANCIAL INSTRUMENTS (cont'd)

(f) ***Assets not carried at fair value but for which fair value is disclosed***

The following table shows an analysis of the Group's assets not measured at fair value at 31 March 2015 but for which fair value is disclosed.

	Quoted prices in active markets for identical instruments (Level 1) $'000	Significant observable inputs other than quoted prices (Level 2) $'000	Significant unobservable inputs (Level 3) $'000	Total $'000	Carrying amount $'000
2015					
Group					
Assets:					
Financial assets (non-current) (Note 19)	–	–	30,482	30,482	35,151
2014					
Group					
Assets:					
Financial assets (non-current) (Note 19)	–	–	23,359	23,359	26,796

Determination of fair value

Financial assets (non-current) (Note 19)

The fair value of the financial assets (non-current) has been determined using discounted expected cash flows at market incremental lending rates for similar types of lending, borrowing or leasing agreements at the end of the reporting period.

32. FAIR VALUE OF FINANCIAL INSTRUMENTS (cont'd)

(g) ***Fair value of financial instruments by classes that are not carried at fair value but for which fair value is disclosed***

The fair value of financial assets and liabilities by classes that are not carried at fair value and whose carrying amounts are not reasonable approximation of fair value are as follows:

	2015		2014	
	Carrying amount $'000	Fair value $'000	Carrying amount $'000	Fair value $'000
Financial assets:				
Group				
Financial assets (non-current) (Note 19)	35,151	30,482	26,796	23,359
Trust				
Loan to a subsidiary	457,459	*	449,109	*

* The loan is unsecured and non-interest bearing. It has no fixed repayment terms and is repayable only when the subsidiary's cash flow permits. Accordingly, fair value is not determinable as the timing of the future cash flows arising from the loan cannot be estimated reliably.

33. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

The Group and the Trust is exposed to financial risks arising from its operations and the use of financial instruments. The key financial risks include credit risk, liquidity risk, interest rate risk and foreign currency risk. The Board of Directors reviews and agrees policies and procedures for the management of these risks. It is, and has been throughout the current and previous financial year, the Group's policy that no derivatives shall be undertaken except for the use as hedging instruments where appropriate and cost-efficient.

The following sections provide details regarding the Group's and Trust's exposure to the above-mentioned financial risks and the objectives, policies and processes for the management of these risks.

(a) ***Credit risk***

Credit risk is the risk of loss that may arise on outstanding financial instruments should a counterparty default on its obligations. The Group exposure to credit risk arises primarily from trade receivables.

Trade receivable

Credit risk on service fee receivable is concentrated with FHL group of companies which is also the substantial unitholder of the Trust. As at the reporting date, 96% (2014: 87%) of the total trade receivables was due from FHL located in India. FHL are debtors with good payment record with the Group and has provided banker's guarantee for 2 months of service fee receivable.

For hospital income receivable from corporate clients, these clients are debtors with good payment record with the Group.

Other financial assets

For other financial assets including cash and bank balances, short term deposits and investment in mutual funds, the Group minimises credit risk by dealing with good credit rating counterparties.

The maximum exposure to credit risk is represented by the carrying value of each financial asset on the balance sheet.

33. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (cont'd)

(b) ***Interest rate risk***

Interest rate risk is the risk that the fair value or future cash flows of the Group's financial instruments will fluctuate because of changes in market interest rates. The Group's exposure to interest rate risk arises primarily from loans and borrowings. The Group's interest bearing loans and borrowings (Note 24) at floating rate are re-priced at intervals of less than 3 to 12 months from the end of the reporting period.

Management has assessed that the impact of market changes to interest rate to be insignificant and no sensitivity analysis has been performed.

(c) ***Foreign currency risk***

Foreign currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The Group's exposure to the risk of changes in foreign exchange rates relates primarily to the Group's net investments in foreign subsidiaries.

Sensitivity analysis for foreign currency risk

The following table demonstrates the sensitivity of the Group's profit before tax to a reasonably possible change in the INR exchange rates against the respective functional currency of the Group entities, with all other variables held constant.

	2015		2014	
	Profit before tax $'000	**Equity $'000**	**Profit before tax $'000**	**Equity $'000**
INR/SGD				
– Strengthened 5% (2014: 5%)	1,800	34,500	2,000	31,100
– Weakened 5% (2014: 5%)	(1,800)	(34,500)	(2,000)	(31,100)

33. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (cont'd)

(d) ***Liquidity risk***

Liquidity risk is the risk that the Group will encounter difficulty in meeting financial obligations due to shortage of funds. The Group and the Trust's exposure to liquidity risk arises primarily from mismatch of the maturities of financial assets and liabilities. The Group's objective is to maintain a balance between continuity of funding and flexibility through the use of stand-by credit facilities.

The table below summaries the maturity profile of the Group's and the Trust's financial liabilities at the reporting date based on contractual undiscounted repayment obligations.

	Within 1 year $'000	1 – 5 years $'000	Total $'000
Group			
2015			
Trade and other payables	6,962	–	6,962
Other liabilities	81,351	1,567	82,918
Derivative financial instruments	6,834	–	6,834
Loans and borrowings	62,377	64,519	126,896
	157,524	66,086	223,610
2014			
Trade and other payables	5,543	–	5,543
Other liabilities	76,069	896	76,965
Derivative financial instruments	1,759	–	1,759
Loans and borrowings	2,949	65,983	68,932
	86,320	66,879	153,199
Trust			
2015			
Other liabilities	4,536	–	4,536
2014			
Other liabilities	2,674	–	2,674

33. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (cont'd)

(e) ***Classification of financial instruments***

Set out below is a comparison by category of all the Group's and Trust's financial instruments that are carried out in the financial statements.

	Loans and receivables $'000	Available-for-sale $'000	Total $'000
Group			
2015			
Assets			
Non-current			
Financial assets	35,151	–	35,151
Current			
Trade receivables	25,233	–	25,233
Financial assets	1,856	66,083	67,939
Other assets	446	–	446
Cash and bank balances	4,170	–	4,170
	66,856	66,083	132,939

	Financial liabilities carried at amortised cost $'000	Fair value through profit or loss $'000	Total $'000
2015			
Liabilities			
Non-current			
Loans and borrowings	64,519	–	64,519
Other liabilities	1,567	–	1,567
Current			
Loans and borrowings	62,377	–	62,377
Trade and other payables	6,962	–	6,962
Other liabilities	81,351	–	81,351
Derivative financial instruments	–	6,834	6,834
	216,776	6,834	223,610

33. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (cont'd)

(e) ***Classification of financial instruments (cont'd)***

	Loans and receivables $'000	Available-for-sale $'000	Total $'000
Group			
2014			
Assets			
Non-current			
Financial assets	26,796	–	26,796
Current			
Trade receivables	21,570	–	21,570
Financial assets	1,027	67,992	69,019
Other assets	1,101	–	1,101
Cash and bank balances	8,259	–	8,259
	58,753	67,992	126,745

	Financial liabilities carried at amortised cost $'000	Fair value through profit or loss $'000	Total $'000
2014			
Liabilities			
Non-current			
Loans and borrowings	61,516	–	61,516
Other liabilities	896	–	896
Current			
Loans and borrowings	2,949	–	2,949
Trade and other payables	5,543	–	5,543
Other liabilities	76,069	–	76,069
Derivative financial instruments	–	1,759	1,759
	146,973	1,759	148,732

33. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (cont'd)

(e) ***Classification of financial instruments (cont'd)***

	Loans and receivables $'000
Trust	
2015	
Assets	
Current	
Cash and bank balances	251
Financial assets	36,410
Amount due from subsidiaries	19,384
Non-current	
Loan to a subsidiary	457,459
	513,504

	Financial liabilities carried at amortised cost $'000
2015	
Liabilities	
Current	
Other liabilities	4,536

33. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES (cont'd)

(e) ***Classification of financial instruments (cont'd)***

	Loans and receivables $'000
Trust	
2014	
Assets	
Current	
Cash and bank balances	361
Financial assets	30,202
Non-current	
Loan to a subsidiary	449,109
	479,672

	Financial liabilities carried at amortised cost $'000
2014	
Liabilities	
Current	
Other liabilities	2,674

34. CAPITAL MANAGEMENT

The Group's objectives when managing capital are to safeguard the Group's ability to continue as a going concern and to maintain an optimal capital structure to support its businesses and maximise unitholders' value.

In order to maintain or achieve an optimal capital structure, the Group may adjust the amount of distribution payment, return capital to unitholders, issue new units, buy back issued units, obtain new borrowings or sell assets to reduce borrowings. The Group may also issue new units to finance future growth.

The Group seeks to raise non-recourse debt structured specifically to match the cash flow profile of its underlying assets. The Group's general philosophy on leverage is to ensure that its subsidiaries have sufficient financial flexibility to meet their capital expenditure and operational needs, and at the same time, service their debt obligations promptly and reliably.

The Trustee-Manager monitors capital based on the ratio of the Group's net borrowings to net assets attributable to Unitholders. Net borrowings are calculated as total loans and borrowings less cash and cash equivalents.

	GROUP	
	2015 $'000	2014 $'000
Net borrowings	121,883	56,206
Net assets attributable to Unitholders	769,133	705,235
Ratio	15.8%	7.97%

35. SEGMENT INFORMATION

The Trustee-Manager considers that the Group operates primarily within a single business segment which is the provision of medical and Clinical Establishment services and within a single geographical segment, being India.

As the rendering of services to patients in earning of hospital income is not material, no separate business segment has been disclosed.

Geographical information

Revenue and non-current assets information based on the geographical location of customers and assets respectively are as follows:

	REVENUE		NON-CURRENT ASSETS	
	2015 $'000	2014 $'000	2015 $'000	2014 $'000
India	136,442	108,540	964,111	811,571

The non-current assets information presented above consist of intangible assets and property, plant and equipment.

Information about a major customer

Revenue from FHL group of companies contributed 91% (2014: 90%) of the total revenue of the Group.

36. DISTRIBUTIONS

	GROUP AND TRUST	
	2015 $'000	2014 $'000
Declared and paid during the year		
– Exempt (one-tier) distribution of 3.61 cents per unit paid on 10 December 2014 (2014: 4.05 cents per unit paid on 16 December 2013)	28,632	23,035
Proposed but not recognised as a liability as at 31 March		
– Exempt (one-tier) distribution of 3.71 cents per unit paid on 17 June 2015 (2014: 4.14 cents per unit paid on 10 June 2014)	29,481	23,612

37. AUTHORISATION OF FINANCIAL STATEMENTS

These financial statements for the financial year ended 31 March 2015 were authorised for issue in accordance with a resolution of the Board of Directors of the Trustee-Manager on 25 June 2015.

Statistics of Unitholdings

As at 19 June 2015

ISSUED UNITS

Total Common Units 794,632,944 (one vote per unit)

DISTRIBUTION OF UNITHOLDINGS

Size of Unitholdings	No. of Unitholders	%	No. of Units	%
1 – 99	2	0.05	11	0.00
100 – 1,000	690	17.79	683,228	0.08
1,001 – 10,000	1,930	49.76	11,831,499	1.49
10,001 – 1,000,000	1,234	31.81	68,801,500	8.66
1,000,001 AND ABOVE	23	0.59	713,316,706	89.77
TOTAL	**3,879**	**100.00**	**794,632,944**	**100.00**

TWENTY LARGEST UNITHOLDERS

No.	Name	No. of Units	%
1	DBS VICKERS SECURITIES (SINGAPORE) PTE LTD	223,196,944	28.09
2	CITIBANK NOMINEES SINGAPORE PTE LTD	119,947,784	15.09
3	RAFFLES NOMINEES (PTE) LIMITED	91,036,880	11.46
4	DBS NOMINEES (PRIVATE) LIMITED	72,115,151	9.08
5	HSBC (SINGAPORE) NOMINEES PTE LTD	41,579,377	5.23
6	DBSN SERVICES PTE. LTD.	33,685,472	4.24
7	ABN AMRO NOMINEES SINGAPORE PTE LTD	19,507,000	2.45
8	MERRILL LYNCH (SINGAPORE) PTE LTD	17,096,870	2.15
9	DB NOMINEES (SINGAPORE) PTE LTD	16,352,950	2.06
10	BANK OF SINGAPORE NOMINEES PTE. LTD.	10,240,000	1.29
11	BNP PARIBAS SECURITIES SERVICES SINGAPORE BRANCH	9,698,975	1.22
12	BNP PARIBAS NOMINEES SINGAPORE PTE LTD	9,563,600	1.20
13	UNITED OVERSEAS BANK NOMINEES (PRIVATE) LIMITED	7,982,400	1.00
14	PHILLIP SECURITIES PTE LTD	7,554,300	0.95
15	RELIGARE HEALTH TRUST TRUSTEE MANAGER PTE. LTD.	6,501,000	0.82
16	MORGAN STANLEY ASIA (SINGAPORE) SECURITIES PTE LTD	4,800,451	0.60
17	CIMB SECURITIES (SINGAPORE) PTE. LTD.	4,750,201	0.60
18	OCBC SECURITIES PRIVATE LIMITED	4,524,000	0.57
19	KGI FRASER SECURITIES PTE LTD	4,180,700	0.53
20	NOMURA SINGAPORE LIMITED	3,060,000	0.39
	TOTAL	**707,374,055**	**89.02**

Statistics of Unitholdings

As at 19 June 2015

SUBSTANTIAL UNITHOLDERS AS AT 19 JUNE 2015 (as recorded in the Register of Substantial Unitholders)

	DIRECT INTEREST Number of Units		DEEMED INTEREST Number of Units	
	Units	**%**	**Units**	**%**
Fortis Healthcare International Limited [1]	220,676,944	27.77%	–	–
Fortis Healthcare Limited [1]	–	–	220,676,944	27.77%
Fortis Healthcare Holdings Ltd [1]	–	–	220,676,944	27.77%
RHC Holding Private Limited [1] [2]	–	–	227,177,944	28.59%
Malav Holdings Pvt. Ltd. [1] [2]	–	–	227,177,944	28.59%
Mavinder Mohan Singh [1] [2]	4,000,000	0.50%	227,177,944	28.59%
Japna Malvinder Singh [1] [2]	–	–	227,177,944	28.59%
Shivi Holdings Pvt. Ltd. [1] [2]	–	–	227,177,944	28.59%
Shivinder Mohan Singh [1] [2]	–	–	227,177,944	28.59%
Aditi Shivinder Singh [1] [2]	–	–	227,177,944	28.59%

(1) Each of the Fortis Healthcare Limited, Fortis Healthcare Holdings Ltd, RHC Holding Private Limited, Malav Holdings Pvt. Ltd., Shivi Holdings Pvt. Ltd., Malvinder Mohan Singh, Japna Malvinder Singh, Shivinder Mohan Singh and Aditi Shivinder Singh are deemed interested in the units held by Fortis Healthcare International Limited.

(2) Each of RHC Holding Private Limited, Malav Holdings Pvt. Ltd., Shivi Holdings Pvt. Ltd., Malvinder Mohan Singh, Japna Malvinder Singh, Shivinder Mohan Singh and Aditi Shivinder Singh are deemed interested in the units held by the Religare Health Trust Trustee Manager Pte. Ltd.

The percentage of unitholdings is calculated based on the total issued unit capital of 794,632,944 units.

PERCENTAGE OF UNITHOLDINGS IN THE HANDS OF PUBLIC

Based on the information available to the Trustee-Manager as at 19 June 2015, approximately 70.72% of RHT's units were in the hands of public. Accordingly, Rule 723 of the Listing Manual of the SGX-ST has been complied with.

Notice of Annual General Meeting of Unitholders

RELIGARE HEALTH TRUST
(Registration No. 2012006)
(A business trust constituted on 29 July 2011 under the laws of the Republic of Singapore and registered under the Business Trusts Act, Chapter 31A of Singapore)

Managed by Religare Health Trust Trustee Manager Pte. Ltd.
(Company Registration No. 201117555K)

NOTICE IS HEREBY GIVEN that the Annual General Meeting of the unitholders of Religare Health Trust ("**RHT**" and unitholders of RHT, "**Unitholders**") will be held at M2 Academy, 218 Orchard Road, Level 10 Auditorium, Orchard Gateway @ Emerald, Singapore 238851 on Thursday, 23 July 2015 at 10.00 a.m. to transact the following business:

AS ORDINARY BUSINESS

1. To receive and adopt the Report of the Religare Health Trust Trustee Manager Pte. Ltd. ("**Trustee-Manager**"), Statement by the Trustee-Manager and the Audited Financial Statements of RHT and its subsidiaries for the financial year ended 31 March 2015 together with the Auditors' Report thereon.

(Resolution 1)

2. To re-appoint Messrs Ernst & Young LLP as auditors of RHT and to authorise the Trustee-Manager to fix their remuneration.

(Resolution 2)

AS SPECIAL BUSINESS

To consider and, if thought fit, to pass the following resolution as an Ordinary Resolution, with or without any modifications:

3. PROPOSED UNIT ISSUE MANDATE

That pursuant to Clause 6.1.1 of the deed of trust dated 29 July 2011 constituting RHT, as amended and restated by an amending and restating deed dated 25 September 2012 and supplemented by a supplemental deed dated 27 September 2012 (together, the "**Trust Deed**"), Section 36 of the Business Trusts Act, Chapter 31A of Singapore (the "**BTA**") and Rule 806 of the Listing Manual of the Singapore Exchange Securities Trading Limited (the "**SGX-ST**"), the Trustee-Manager, on behalf of RHT, be and is hereby authorised and empowered to:

(a) (i) issue units in RHT ("**Units**") whether by way of rights, bonus or otherwise; and/or

(ii) make or grant offers, agreements or options (collectively, "**Instruments**") that might or would require Units to be issued, including but not limited to the creation and issue of (as well as adjustments to) options, warrants, debentures or other instruments convertible into Units,

at any time and upon such terms and conditions and for such purposes and to such persons as the Trustee-Manager may in its absolute discretion deem fit; and

(b) issue Units in pursuance of any Instrument made or granted by the Trustee-Manager while this Resolution is in force (notwithstanding that the authority conferred by this Resolution may have ceased to be in force at the time such Units are issued),

provided that:

(1) the aggregate number of Units to be issued pursuant to this Resolution (including Units to be issued pursuant to Instruments made or granted pursuant to this Resolution) shall not exceed fifty per cent. (50.0%) of the total number of issued Units (excluding treasury Units, if any) (as calculated in accordance with sub-paragraph (2) below), of which the aggregate number of Units to be issued other than on a pro-rata basis to Unitholders shall not exceed twenty per cent. (20.0%) of the total number of issued Units (excluding treasury Units, if any) (as calculated in accordance with sub-paragraph (2) below);

(2) subject to such manner of calculation as may be prescribed by the SGX-ST for the purpose of determining the aggregate number of Units that may be issued pursuant to sub-paragraph (1) above, the total number of issued Units (excluding treasury Units, if any) shall be based on the total number of issued Units (excluding treasury Units, if any) at the time of the passing of this Resolution, after adjusting for:

(i) any new Units arising from the conversion or exercise of any Instruments which are outstanding or subsisting as at the date this Ordinary Resolution is passed; and

(ii) any subsequent bonus issue, consolidation or subdivision of Units;

(3) in exercising the authority conferred by this Resolution, the Trustee-Manager shall comply with the provisions of the Listing Manual of the SGX-ST for the time being in force (unless such compliance has been waived by the SGX-ST), the BTA and the Trust Deed for the time being in force (unless otherwise exempted or waived by the Monetary Authority of Singapore);

(4) (unless revoked or varied by the Unitholders in a general meeting) the authority conferred by this Resolution shall continue in force until the conclusion of the next Annual General Meeting of RHT or the date by which the next Annual General Meeting of RHT is required by applicable laws and regulations to be held, whichever is earlier;

(5) where the terms of the issue of the Instruments provide for adjustment to the number of Instruments or Units into which the Instruments may be converted in the event of rights, bonus or other capitalisation issues or any other events, the Trustee-Manager is authorised to issue additional Instruments or Units pursuant to such adjustment notwithstanding that the authority conferred by this Resolution may have ceased to be in force at the time the Instruments or Units are issued; and

(6) the Trustee-Manager be and is hereby authorised to complete and do all such acts and things (including executing all such documents as may be required) as the Trustee-Manager may consider expedient or necessary or in the interest of RHT to give effect to the authority conferred by this Resolution. (Please see Explanatory Note)

(Resolution 3)

4. To transact any other business which may properly be transacted at an Annual General Meeting.

By Order of the Board
Religare Health Trust Trustee Manager Pte. Ltd.
as Trustee-Manager of Religare Health Trust
(Company Registration No. 201117555K)

Abdul Jabbar Bin Karam Din
Chan Poh Kuan
Joint Company Secretaries

Singapore, 3 July 2015

EXPLANATORY NOTE:

Resolution 3

Resolution 3 proposed, if passed, will empower the Trustee-Manager to issue Units, make or grant Instruments convertible into Units and to issue Units pursuant to such Instruments from the date of the Annual General Meeting until the date of the next Annual General Meeting, or the date by which the next Annual General Meeting is required by applicable law or regulations to be held, or the date on which such authority is varied or revoked by RHT in a general meeting of the Unitholders, whichever is earliest. The aggregate number of Units to be issued pursuant to Resolution 3 (including Units to be issued in pursuance of Instruments made or granted) shall not exceed fifty per cent. (50.0%) of the total number of issued Units, of which up to twenty per cent. (20.0%) may be issued other than on a pro-rata basis (including Units to be issued in pursuance of Instruments made or granted pursuant to this Resolution) to Unitholders.

For the purpose of determining the aggregate number of Units that may be issued, the percentage of the total number of issued Units will be calculated based on the total number of issued Units at the time the Resolution 3 in item 3 above is passed, after adjusting for (i) new Units arising from the conversion or exercise of any convertible securities and (ii) any subsequent bonus issue, consolidation or subdivision of Units.

For the avoidance of doubt, the authority to issue Units pursuant to Resolution 3 includes the issuance of Units by the Trustee-Manager to itself in the event that the Trustee-Manager elects, in accordance with Clause 12.9.1 of the Trust Deed to receive all or any part of the Fees payable to the Trustee-Manager under Clause 12 of the Trust Deed (save for the inception fees referred to in Clause 12.3.2) due and payable to it in units instead of cash.

NOTES:

(1) A Unitholder entitled to attend and vote at the Annual General Meeting is entitled to appoint not more than two proxies to attend and vote in his/her stead. A proxy need not be a Unitholder.

(2) A corporation which is a Unitholder may, by resolution of its directors or other governing body authorise such person as it thinks fit to act as its representative at any meeting of the Unitholders and the person so authorised shall be entitled to exercise the powers on behalf of the corporation so represented as the corporation could exercise in person if it were an individual.

(3) The instrument appointing a proxy must be lodged at the office of the RHT's Unit Registrar, Boardroom Corporate & Advisory Services Pte Ltd, at 50 Raffles Place, Singapore Land Tower #32-01, Singapore 048623, not less than forty-eight (48) hours before the time fixed for the Annual General Meeting.

PERSONAL DATA PRIVACY:

By submitting an instrument appointing a proxy(ies) and/or representative(s) to attend, speak and vote at the Annual General Meeting and/or any adjournment thereof, a Unitholder (i) consents to the collection, use and disclosure of the Unitholder's personal data by the Manager and the Trustee (or their agents) for the purpose of the processing and administration by the Manager and the Trustee (or their agents) of proxies and representatives appointed for the Annual General Meeting (including any adjournment thereof) and the preparation and compilation of the attendance lists, minutes and other documents relating to the Annual General Meeting (including any adjournment thereof), and in order for the Manager and the Trustee (or their agents) to comply with any applicable laws, listing rules, regulations and/or guidelines (collectively, the "**Purposes**"), (ii) warrants that where the Unitholder discloses the personal data of the Unitholder's proxy(ies) and/or representative(s) to the Manager and the Trustee (or their agents), the Unitholder has obtained the prior consent of such proxy(ies) and/or representative(s) for the collection, use and disclosure by the Manager and the Trustee (or their agents) of the personal data of such proxy(ies) and/or representative(s) for the Purposes, and (iii) agrees that the Unitholder will indemnify the Manager and the Trustee in respect of any penalties, liabilities, claims, demands, losses and damages as a result of the Unitholder's breach of warranty.

Corporate Information

THE TRUSTEE-MANAGER

Religare Health Trust Trustee Manager Pte. Ltd.
Company registration number: 201117555K

BOARD OF DIRECTORS

Mr Ravi Mehrotra
Executive Chairman

Mr Gurpreet Singh Dhillon
Executive Director and Chief Executive Officer

Mr Pawanpreet Singh
Executive Director and Chief Financial Officer

Mr Eng Meng Leong
Independent Director

Mr Sydney Michael Hwang
Independent Director

Dr Yogendra Nath Mathur
Lead Independent Director

Mr Peter Joseph Seymour Rowe
Independent Director

BOARD COMMITTEES

Audit & Risk Management Committee
Mr Peter Joseph Seymour Rowe, Chairman
Mr Eng Meng Leong, Member
Dr Yogendra Nath Mathur, Member

Renumeration Committee
Mr Eng Meng Leong, Chairman
Mr Sydney Michael Hwang, Member
Mr Peter Joseph Seymour Rowe, Member

Nominating Committee
Mr Sydney Michael Hwang, Chairman
Dr Yogendra Nath Mathur, Member
Mr Ravi Mehrotra, Member

COMPANY SECRETARIES

Mr Abdul Jabbar Bin Karem Din (LLB (Hons))
Ms Chan Poh Kuan (FCIS)

AUDITOR

Ernst and Young LLP
One Raffles Quay
North Tower, Level 18
Singapore 048583
Phone: (65) 6535 7777
Fax: (65) 6438 8710

Partner-in-charge: Nelson Chen
Appointed since financial year ended 31 March 2012

REGISTERED ADDRESS

9 Battery Road
#15-01 Straits Trading Building
Singapore 049910
Phone: (65) 6535 3600
Fax: (65) 6225 7725

OPERATING ADDRESS

80 Raffles Place
#11-20 UOB Plaza 2
Singapore 048624
Phone: (65) 6603 5780
Fax: (65) 6603 5782

UNIT REGISTRAR

Boardroom Corporate & Advisory Services Pte. Ltd.
50 Raffles Place
#32-01 Singapore Land Tower
Singapore 048623
Phone: (65) 6536 5355
Fax: (65) 6536 1360

SGX CODE

RF1U

Proxy Form

RELIGARE HEALTH TRUST

(Registration No. 2012006)
(A business trust constituted on 29 July 2011 under the laws of the Republic of Singapore)
Managed by Religare Health Trust Trustee Manager Pte. Ltd.
(Company Registration No. 201117555K)

PROXY FORM – ANNUAL GENERAL MEETING

(Before completing this form, please read the notes behind)

I/We, _____(Name)

of _____ (Address)

being a Unitholder/Unitholders of Religare Health Trust ("**RHT**"), hereby appoint:

Name	Address	NRIC or Passport Number	Proportion of Unitholdings (%)

or failing him/her the Chairman of the Annual General Meeting as my/our proxy to attend and vote for me/us on my/our behalf and, if necessary, to demand a poll, at the Annual General Meeting of RHT to be held at M2 Academy, 218 Orchard Road, Level 10 Auditorium, Orchard Gateway @ Emerald, Singapore 238851 on Thursday, 23 July 2015 at 10.00 a.m. and at any adjournment thereof.

I/We direct my/our proxy/proxies to vote for or against the Resolutions set out in the Notice of Annual General Meeting in accordance with my/our directions as indicated with hereunder. Where no such direction is given, the proxy/proxies may vote or abstain from voting at his/their discretion on any matter at the Annual General Meeting or at any adjournment thereof.

No.	Resolutions	For*	Against*
	ORDINARY BUSINESS		
1.	Adoption of Reports of the Trustee-Manager, Statement by the Trustee-Manager and the Audited Financial Statements of RHT for the financial year ended 31 March 2015 together with the Auditors' Report. (Resolution 1)		
2.	Re-appointment of Messrs Ernst & Young LLP as Auditors of RHT and to authorise the Trustee-Manager to fix their remuneration.(Resolution 2)		
	SPECIAL BUSINESS		
3.	To approve the Proposed Unit Issue Mandate. (Resolution 3)		
4.	Any other business.		

* If you wish to exercise all your votes "For" or "Against", please tick (✓) within the box provided. Alternatively, please indicate the number of votes as appropriate.

Dated this _____ day of _____ 2015

_____

Signature(s) of Unitholder(s) or Common Seal

Total number of Units held

Notes:-

1. A unitholder of Religare Health Trust ("**RHT**" and a unitholder of RHT "**Unitholder**") entitled to attend and vote at the Annual General Meeting is entitled to appoint not more than two proxies to attend and vote in his/her stead. A proxy need not be a Unitholder.

2. Where a Unitholder appoints more than one proxy, the proportion of Units to be represented by each proxy must be stated. Where a Unitholder appoints two proxies and does not specify the number of Units to be represented by each proxy, then the Units held by the Unitholder are deemed to be equally divided between the proxies.

3. The instrument appointing a proxy or proxies must be in writing, under the hand of the appointor or his/her attorney duly authorised in writing or if the appointor is a corporation, either under the common seal or under the hand of an officer or attorney so authorised.

4. A corporation, which is a Unitholder, may by resolution of its directors or other governing body authorise such person as it thinks fit to act as its representative at any meeting of Unitholders and the person so authorised shall be entitled to exercise the power on behalf of the corporation so represented as the corporation could exercise in person if it were an individual. The Trustee-Manager shall be entitled to treat a copy of such resolution certified by a director of the corporation to be a true copy, or a certificate number under the seal of the corporation as conclusive evidence of the appointment or revocation of appointment of a representative under this paragraph.

5. This instrument appointing a proxy or proxies (together with the power of attorney or other authority (if any) under which it is signed or a notarially certified copy of such power or authority) must be deposited at the office of RHT's Unit Registrar, Boardroom Corporate & Advisory Services Pte Ltd, at 50 Raffles Place, Singapore Land Tower #32-01, Singapore 048623 not less than 48 hours before the time fixed for holding the Annual General Meeting or adjourned meeting, at which the person named in the instrument appointing a proxy or proxies proposes to vote, and in default the instrument shall not be treated as valid.

6. Any alteration made in this form should be initiated by the person who signs it.

7. A Unitholder should insert the total number of Units held. If the Unitholders has Units entered against his/her name in the Depository Register maintained with The Central Depository (Pte) Limited ("**CDP**"), he/she should insert that number of Units. If the Unitholder has Units registered in his/her name in the Register of Unitholders of RHT, he/she should insert that number of Units. If the Unitholder has Units entered against his/her name in the Depository Register and Units registered in his/her name in the Register of Unitholders, he/she should insert the aggregate number of Units entered against his/her name in the Depository Register and registered in his/her name in the Register of Unitholders. If no number is inserted, the instrument appointing a proxy or proxies will be deemed to relate to all the Units held by the Unitholder. No instrument appointing a proxy shall be valid after the expiration of 12 months from the date named in it as the date if its execution.

8. The Trustee-Manager shall be entitled to reject the instrument appointing a proxy or proxies if it is incomplete, improperly completed or illegible or where the true intentions of the appointor are not ascertainable from the instructions of the appointor specified on the instrument appointing a proxy or proxies. In addition, in the case of Unitholders whose Units are entered in the Depository Register, the Trustee-Manager may reject any instrument appointing a proxy or proxies if the Unitholder, being the appointor, is not shown to have Units entered against his name in the Depository Register as at 48 hours before the time appointed for holding the Annual General Meeting, as certified by the CDP to the Trustee-Manager. No instrument appointing a proxy shall be valid after the expiration of 12 months from the date named in it as the date if its execution.

9. All Unitholders will be bound by the outcome of the Annual General Meeting regardless of whether they have attended or voted at the Annual General Meeting.

Personal Data Privacy:

By submitting an instrument appointing a proxy(ies) and/or representative(s), the Unitholder accepts and agrees to the Personal Data Privacy terms set out in the Notice of Annual General Meeting dated 3 July 2015.

a **C2 Design Studio** production

RELIGARE HEALTH TRUST TRUSTEE MANAGER PTE. LTD.
(As Trustee-Manager of Religare Health Trust)

80 Raffles Place
#11-20 UOB Plaza 2
Singapore 048624
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