



ALLIANCE HEALTHCARE GROUP LIMITED

(Company Registration No.: 200608233K)

(Incorporated in the Republic of Singapore on 6 June 2006)

NOTIFICATION AND REQUEST FORM

8 October 2025

Dear Shareholders

We are pleased to enclose printed copies of the Notice of Annual General Meeting ("**AGM**") and Proxy Form for the upcoming AGM of Alliance Healthcare Group Limited (the "**Company**") to be held at The Chevrons, 48 Boon Lay Way, Singapore 609961 on 28 October 2025 at 2:30 p.m. (Singapore Time).

In line with the Company's sustainability strategy, the Company will not be despatching printed copies of the Annual Report for the financial year ended 30 June 2025 ("**Annual Report 2025**") and the Appendix to the Notice of AGM (the "**Appendix**"), which have been or will be published on SGXNet and the Company's website.

The Annual Report 2025 and the Appendix may be accessed at the Company's website at <https://www.alliancehealthcare.com.sg/investor-relations/> and SGX website at <https://www.sgx.com/securities/company-announcements>. You will need an internet browser and PDF reader to view these documents.

We sincerely hope that you will join our sustainability efforts and embrace e-communications. However, if you still wish to receive a printed copy of the Annual Report 2025 and the Appendix for this year, please complete the Request Form below and return it to our share registrar, Tricor Barbinder Share Registration Services at 9 Raffles Place, Republic Plaza, Tower 1, #26-01 Singapore 048619, no later than 15 October 2025.

Yours faithfully

For and on behalf of

Alliance Healthcare Group Limited

Dr Barry Thng Lip Mong

Executive Chairman and Chief Executive Officer

REQUEST FORM

To: ALLIANCE HEALTHCARE GROUP LIMITED

NB: Please tick accordingly. We regret that we will not be able to process any incomplete or improperly completed request.

☐

I/We wish to receive a printed copy of the Annual Report 2025 and the Appendix.

The shares are held by me/us under or through:

☐

CDP

☐

CPFIS/SRS Account

☐

Physical Scrips

Name(s) of Shareholder(s):

(as per CDP/CPFIS/SRS records)

NRIC/Passport Number/Company Registration Number:

Mailing Address:

Signature: _____

Date: _____

Note: This request is only valid for the Annual Report 2025 and Appendix.

By completing, signing and returning the Request Form to us, you agree and acknowledge that we and/or our service provider may collect, use and disclose your personal data, as contained in your submitted Request Form or which is otherwise collected from you (or your authorised representative(s)), for the purpose of processing and effecting your request.

First fold

Affix
Postage
Stamp

Tricor Barbinder Share Registration Services

Share Registrar for

ALLIANCE HEALTHCARE GROUP LIMITED

9 Raffles Place,
Republic Plaza, Tower I, #26-01
Singapore 048619

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