CENGILD MEDICAL BERHAD
202101004143 (1404442-P)
(Incorporated in Malaysia)

MINUTES OF THE FIFTH ANNUAL GENERAL MEETING ("5TH AGM") OF THE COMPANY CONDUCTED PHYSICALLY AT NEXUS, CONNEXION CONFERENCE & EVENT CENTRE, SPECTRUM (LEVEL 3A), BANGSAR SOUTH CITY, NO. 7 JALAN KERINCHI, 59200 KUALA LUMPUR ON FRIDAY, 28 NOVEMBER 2025 AT 3.03 P.M.

Present	:	Dato' Dr. Tan Huck Joo	Executive Chairman
		Dr. Mohamed Akhtar Bin Mohamed Ditali Qureshi	Executive Director
		Dr. Eddy Yap Tat Hiung	Independent Non-Executive Director
		Dr. Chong Su-Lin	Independent Non-Executive Director
		Dr. Azrina Binti Abu Bakar	Independent Non-Executive Director
In Attendance	:	Ms. Stephanie Lee Wai Fern	Group Chief Executive Officer
		Ms. Ava Wong Suik Hae	Chief Financial Officer
		Mr. Tee Thiam Chai	Company Secretary
		Ms. Katherine Lee Kui Lui	Representative from Crowe Malaysia PLT
		Others as per attendance list	

CHAIRMAN

The Chairman welcomed the members and attendees to the Company's 5th AGM. He then introduced the Board members, Senior Management, Company Secretary and Auditors to the shareholders.

NOTICE

The notice convening the meeting, having been circulated earlier to all members of the Company and advertised in the National Daily newspaper within the prescribed period, was taken as read.

QUORUM

The Chairman informed the meeting that the Constitution of the Company required the presence of at least two (2) members or proxies or corporate representatives to form a quorum.

The Chairman informed that the quorum requirement had been met at the start of the meeting and called the meeting to order.

ANNOUNCEMENT ON ADMINISTRATIVE MATTERS

The Chairman informed that pursuant to Rule 8.31A of the ACE Market Listing Requirements of Bursa Malaysia Securities Berhad, all resolutions set out in the notice of a general meeting must be voted by poll. The poll would be conducted after the items on the agenda have been dealt with.

The Chairman then briefed the shareholders on the flow of the meeting.

The poll administrator was Tricor Investor & issuing House Services Sdn. Bhd. ("Poll Administrator") and the independent scrutineer was Scrutineer Solutions Sdn. Bhd. ("Scrutineer").

At the invitation of the Chairman, Ms. Stephanie Lee Wai Fern ("Ms. Stephanie Lee"), the Group Chief Executive Officer of the Company, presented the business operation updates and future strategies, and Ms. Ava Wong Suik Hae ("Ms. Ava Wong"), the Chief Financial Officer, presented the financial performance of the Group for the financial year ended 30 June 2025.

1. AUDITED FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2025 ("AFS 2025") AND THE REPORTS OF THE DIRECTORS AND AUDITORS THEREON

The Chairman informed that the AFS 2025 and Reports of the Directors and Auditors thereon were meant for discussion only as the Companies Act 2016 did not require a formal approval of the shareholders for the AFS 2025. Therefore, the item was not put forward for voting.

The Chairman declared that the AFS 2025 together with the Reports of the Directors and the Auditors thereon be received.

2. ORDINARY RESOLUTION 1
RE-ELECTION OF DR. CHONG SU-LIN WHO SHALL RETIRE BY ROTATION PURSUANT TO CLAUSE 76(3) OF THE CONSTUTION OF THE COMPANY

The Chairman proceeded to the next item on the agenda which was on the re-election of Dr. Chong Su-Lin. He put the following motion to the meeting for consideration:-

"*THAT Dr. Chong Su-Lin, retiring pursuant to Clause 76(3) of the Company's Constitution, be elected as a Director of the Company.*"

3. ORDINARY RESOLUTION 2
RE-ELECTION OF DR. EDDY YAP TAT HIUNG WHO SHALL RETIRE BY ROTATION PURSUANT TO CLAUSE 78 OF THE CONSTUTION OF THE COMPANY

The Chairman proceeded to the next item on the agenda which was on the re-election of Dr. Eddy Yap Tat Hiung. He put the following motion to the meeting for consideration:

"THAT Dr. Eddy Yap Tat Hiung, retiring pursuant to Clause 78 of the Company's Constitution, be elected as a Director of the Company."

4. ORDINARY RESOLUTION 3
PAYMENT OF DIRECTORS' FEES AND BENEFITS FOR AN AMOUNT NOT EXCEEDING RM200,000.00 FOR THE PERIOD COMMENCING FROM THE DATE IMMEDIATELY AFTER THE FIFTH ANNUAL GENERAL MEETING UNTIL THE NEXT ANNUAL GENERAL MEETING OF THE COMPANY

The Chairman proceeded to the next item on the agenda which was on the payment of Directors' Fees and Benefits. He put the following motion to the meeting for consideration:

"THAT the payment of Directors' Fees and Benefits for an amount not exceeding RM200,000.00 for the period commencing from the date immediately after the Fifth Annual General Meeting until the next Annual General Meeting of the Company, be hereby approved."

5. ORDINARY RESOLUTION 4
RE-APPOINTMENT OF CROWE MALAYSIA PLT AS AUDITORS OF THE COMPANY AND AUTHORISE THE DIRECTORS TO FIX THEIR REMUNERATION

The Chairman moved on to Ordinary Resolution 4 on the re-appointment of Auditors.

He put the following motion to the meeting for consideration:

"THAT Crowe Malaysia PLT, be hereby re-appointed as Auditors of the Company and to hold office until the conclusion of the next Annual General Meeting AND THAT the Directors be authorised to fix their remuneration."

6. ORDINARY RESOLUTION 5
AUTHORITY TO ISSUE AND ALLOT SHARES OF THE COMPANY PURSUANT TO SECTIONS 75 AND 76 OF THE COMPANIES ACT 2016

Moving on to the next item on the agenda, the Chairman informed that Ordinary Resolution 5 was to seek authority for Directors to issue and allot shares pursuant to Sections 75 and 76 of the Companies Act 2016. The mandate would allow the Directors to undertake fund raising activities by way of issuance of new securities as they deem fit in the best interest of the Company.

He then put the following motion to the meeting for consideration:

"THAT pursuant to Sections 75 and 76 of the Companies Act 2016, ACE Market Listing Requirements of Bursa Malaysia Securities Berhad ("Bursa Securities") and subject to the approval of the relevant regulatory authorities, the Directors of the Company be and are hereby authorised to issue and allot shares in the capital of the Company, grant rights to subscribe for shares in the Company, convert any securities into shares in the Company, or allot shares under an agreement or option of offer ("New Shares") from time to time, at such price, to such persons and for such purposes and upon such terms and conditions as the Directors may in their absolute discretion deem fit, provided that the aggregate number of such New Shares to be issued, to be subscribed under any rights granted, to be issued from conversion of any security, or to be issued and allotted under an agreement or option or offer, pursuant to this resolution, when aggregated with the total number of any such New Shares issued during the preceding twelve (12) months does not exceed ten per centum (10%) of the total number of issued shares (excluding any treasury shares) of the Company for the time being ("Proposed General Mandate").

THAT such approval on the Proposed General Mandate shall continue to be in force until:

a. the conclusion of the next Annual General Meeting of the Company held after the approval was given;
b. the expiration of the period within which the next Annual General Meeting of the Company is required to be held after the approval was given; or
c. revoked or varied by an ordinary resolution passed by the shareholders of the Company at a general meeting,

whichever is earlier.

THAT the Directors of the Company be and are hereby also empowered to obtain the approval from Bursa Securities for the listing of and quotation for such New Shares on the ACE Market of Bursa Securities.

THAT authority be and is hereby given to the Directors of the Company, to give effect to the Proposed General Mandate with full powers to assent to any conditions, modifications, variations and/or amendments as they may deem fit in the best interest of the Company and/or as may be imposed by the relevant authorities.

AND THAT the Directors of the Company be and are hereby authorised to implement, finalise, complete and take all necessary steps and do all acts (including execute such documents as may be required), deeds and things in relation to the Proposed General Mandate."

7. ORDINARY RESOLUTION 6
PROPOSED RENEWAL OF EXISTING SHAREHOLDERS' MANDATE FOR RECURRENT RELATED PARTY TRANSACTIONS OF A REVENUE OR TRADING NATURE

The Chairman informed that the details on the Proposed Renewal of Existing Shareholders' Mandate were set out in the Circular to Shareholders dated 30 October 2025.

He further informed that the Directors who were deemed interested in the Proposed Renewal of Existing Shareholders' Mandate and persons connected with them had abstained and would continue to abstain from all deliberations and voting on this resolution.

He then put the following motion to the meeting for consideration:

"THAT pursuant to Rule 10.09 of the ACE Market Listing Requirements of Bursa Malaysia Securities Berhad, the Company and its subsidiaries ("the Group") be and are hereby authorised to enter into and give effect to the recurrent related party transactions of a revenue or trading nature with the related party as set out in Section 2.3 of the Circular to Shareholders dated 30 October 2025 provided that such transactions and/or arrangements are:-

a. necessary for the day-to-day operations;
b. undertaken in the ordinary course of business at arm's length basis and on normal commercial terms which are not more favourable to the Related Parties than those generally available to the public; and
c. not detrimental to the minority shareholders of the Company.

(collectively known as "Shareholders' Mandate").

THAT such approval, shall continue to be in force until:-

a. the conclusion of the next Annual General Meeting ("AGM") of the Company at which the Shareholders' Mandate was passed, at which time it will lapse, unless by a resolution passed at such AGM, the authority is renewed; or

b. the expiration of the period within which the next AGM of the Company is required to be held pursuant to Section 340(2) of the Companies Act 2016 ("the Act") but must not extend to such extension as may be allowed pursuant to Section 340(4) of the Act; or
c. revoked or varied by ordinary resolution passed by the shareholders of the Company in general meeting,

whichever is earlier;

AND THAT the Directors of the Company be and are hereby authorised to complete and do all such acts and things (including executing all such documents as may be required) as they may consider expedient or necessary to give effect to the Shareholders' Mandate."

ANY OTHER BUSINESS

The Chairman informed that no notice for other business pursuant to the Companies Act 2016 and the Constitution of the Company had been received.

QUESTIONS AND ANSWER ("Q&A") SESSION

The Chairman, Ms. Stephanie Lee, the Group Chief Executive Officer and Ms. Ava Wong, the Chief Financial Officer, addressed the questions submitted prior and raised during the 5th AGM by the shareholders.

The questions and responses during the Q&A Session, attached hereto as '*Appendix A*', shall form part of these minutes.

CONDUCT OF POLL

Having dealt with the items on the agenda, the meeting then proceeded to vote on the Ordinary Resolutions by poll. The Chairman adjourned the meeting at 4.16 p.m. for the counting of votes.

ANNOUNCEMENT OF POLLING RESULTS

Upon completion of the counting of votes by the Poll Administrator and verification of the results by the Scrutineer, the Chairman resumed the meeting at 4.35 p.m. for the declaration of the results of the poll.

Based on the poll results, attached hereto as '*Appendix B*' and forming part of these minutes, the Chairman declared all the Ordinary Resolutions carried.

CLOSURE

The Chairman thanked those present for their attendance and closed the meeting at 4.36 p.m.

READ AND CONFIRMED

(Signed)

CHAIRMAN

Dated: 23 December 2025

APPENDIX A

CENGILD MEDICAL BERHAD
202101004143 (1404442-P)

QUESTIONS AND ANSWERS SESSION OF THE 5th AGM OF THE COMPANY HELD ON 28 NOVEMBER 2025

Questions	**The Company's response**
<u>Business Performance and Business Plans</u>	
1. While the Group recorded strong growth last year, can this momentum be sustained in the future, including following the commencement of operations at the new hospital in 2026?	Cengild performed very well in the previous year, although fluctuations are typical in the hospital business. In the last financial year, growth continued but was constrained by the limited number of beds, which had been a persistent factor over the past years and was a key reason for the acquisition of the new building. With the increasing capacity from the new hospital, it was expected to support future expansion and improve overall performance.
2. Group Gross Profit ("GP") margin saw a marginal decline due to higher costs for drugs and consumables. What specific and measurable results are expected from the "*lean-management initiatives*" and centralised procurement strategies being implemented to effectively counter medical cost inflation and prevent further margin compression in the next financial year?	As per the Annual Report 2025, the GP margin dropped from 46.5% to 46.1% (page 25). Cost optimisation and resource planning will continue to work hand in hand with our strategy to sustain volume growth despite ongoing cost pressures, including insurer-driven ceiling price arrangements and tighter coverage reviews. While the current healthcare landscape may exert downward pressure on margins, our priority is to remain competitive and maintain our position as a key panel provider for major insurers. Through disciplined cost management, operational efficiencies, and stronger collaboration with insurers, we aim to mitigate margin impact while safeguarding patient volume and ensuring long-term sustainability.
3. The Group recorded a 15% increase in revenue for Consultant Services, partly driven by new procedures like the Endoscopic Sleeve Gastroplasty. What is the strategic plan to further expand high-yield procedures, and what is the expected revenue growth contribution from these new services in the coming year?	The Group will continue to explore high-yield and innovative procedures that meet growing patient demand. Our focus is not solely profit driven but to provide best treatment to our patients. This includes exploring more minimally invasive options, not only as part of service differentiation, but also to provide patients with more effective and less invasive treatment choices in their best interests.
4. The Group has non-controlling stakes in key areas (e.g., 25% in Cardiac Care Centre Sdn Bhd, 30% in Urohealth Sdn Bhd, 25% in Curie Oncology KL Sdn Bhd	The Group's JVs continue to play an important strategic role in strengthening service offerings and overall ecosystem. These partnerships enable the Group to broaden specialised

Questions	The Company's response
("Curie Oncology")). Could the Directors provide a qualitative and quantitative update on the financial performance and strategic contribution of these Joint Ventures ("JVs") to the Group's overall profitability in the financial year ended 2025 ("FYE 2025")?	services, enhance patient access, and support continuity of care while minimising the need for major capital investment. In particular, Curie Oncology delivered a strong performance in FYE 2025, contributing close to half a million to the Group, as reflected in the Annual Report 2025.
5. Will the Company consider increasing its ownership or holding majority stakes in the JV entities?	The Company may consider increasing its shareholding in certain JV arrangements where it is strategically and financially appropriate to do so. However, this does not apply to all JVs. Curie, for example, is not majority-owned by the Company. Curie is a well-established oncology group headquartered in Singapore, with its own independent structure and strategic direction.
6. Drug cost was highlighted as one of the main factors affecting treatment expenses. Are the drugs used mostly originator products, or locally produced generic drugs? Some healthcare groups are focusing on shifting away from originator drugs through in-house manufacturing. Has the Company considered this to reduce cost?	From a general perspective, while cost considerations are important and generic drugs are often perceived to be more economical in theory, patient outcomes remained the primary consideration. Despite using originator drugs, the Company's treatment costs remain lower than many hospitals that rely on generic drugs. In some instances, the generic drugs used elsewhere are more expensive than the originator drugs used by the Company. Costs could be managed accordingly, with the overarching objective of providing the best possible care for patients.
7. Is the Company targeting any specific major specialty?	The Company is in discussions with specialists across multiple fields. While it is not possible to attract every specialist in the market, many who prioritise high-quality patient care choose to work within a structure that upholds this standard. The Company does not seek to recruit practitioners whose clinical approach does not align with its values. The objective is to recruit highly skilled doctors who are aligned with the Company's standards of care.
<u>New Building/ Hospital</u>	
8. Regarding the new hospital, what is the anticipated cost increase, including depreciation arising from the new	For the financial year ending 2026, the new building was not expected to be fully operational. Accordingly, depreciation expenses in respect of

Questions	The Company's response
building, and how will these costs be managed?	the new building were not expected to be recognised during that financial year. Once depreciation commences, it would be managed within overall revenue parameters, with the target of limiting the impact to approximately 10% of the overall revenue. Additionally, the expanded revenue base from the new hospital was expected to be sufficient to absorb the associated depreciation costs. The relocation to the new building was planned to be carried out in phases, in accordance with the Group's transition strategy, to ensure a smooth and orderly move.
9. What is the expected payback for the Company and how will it be funded?	A portion of the acquisition was financed through a term loan, secured by the Group to support the development of the new hospital.
10. Will the Company be raising any cash from shareholders to fund the acquisition?	At the point of acquisition, the funds had already been allocated as part of the Company's financial planning. The steady internal cash flow generated was sufficient to support the development of the new hospital.
11. For the capital expenditure relating to the new hospital, particularly medical equipment, will these be acquired through financing arrangements such as hire-purchase or leasing?	The capital expenditure for the new hospital comprised of two (2) main components, which is the construction of the hospital building and its associated fitting-out costs, as well as the procurement of medical equipment. Such costs were expected to be financed through a combination of internal funds and external borrowings. Various financing options were being explored, including hire-purchase and leasing arrangements, to support the acquisition of medical equipment and other capital requirements.
12. Regarding the new hospital, can the Company clarify the expansion plan, including the number of beds, the facility layout, expected revenue potential and the recruitment of medical staff?	The current capacity of the hospital is approximately twenty (20) beds, and the new hospital was planned to be expanded to over one hundred (100) beds through a phased approach, rather than at full scale on day one. In addition to expanding bed capacity, the new hospital would introduce enhanced diagnostic capabilities and more comprehensive treatment options. Specifically, the gastroenterology department would be equipped to manage broader range of conditions and continue providing care for patients with complex needs. The hospital would also expect development of cancer care services within the new facility. The expansion would also include the recruitment of additional specialists, comprising

Questions	The Company's response
	of gastrointestinal surgeons, cardiologists, Ear, Nose, and Throat (ENT) specialists, urologists, and gynaecologists, to increase patient coverage and service capabilities.
13. What is the expected timeline for the opening of the new hospital?	Operations of the new hospital were anticipated to commence by the third (3^{rd}) or fourth (4^{th}) quarter of 2026. However, the commencement of operations remained subject to the issuance of the necessary licenses by the Ministry of Health ("MOH"), a process that could take an extended period and was beyond the Company's control.
14. On the hospital transition process, how smooth would the relocation be and would there be a handover period between the old and new facilities? From an accounting perspective, what is the expected timing of recognition for impairment, would it be in 2026 or 2027?	The transition plan would involve a phased opening approach. Consideration was given to the treatment of assets and major medical equipment, such as computed tomography (CT) scanners and X-ray machines, which would be subject to depreciation and potential impairment over time. The plan was to transfer the current operations directly to the new hospital, adopting a direct switchover approach to minimise disruption to the patient services. The transition was also subject to licensing requirements imposed by the MOH. To avoid running two (2) investments simultaneously, the phased approach ensured that critical equipment, including the CT scanners, would be installed and tested well in advance of the opening to meet MOH's regulatory requirements. Regarding the anticipated accounting impact of the hospital relocation, the Company reported that accelerated depreciation would be recognised for the building and medical equipment. Revenue would continue to be generated during the transition, and the relocation to the new hospital was not expected to have a material adverse effect on the Group's overall financial performance.
15. With respect to the transition from the existing facility to the new hospital, would any delays be expected? How would the Company manage potential issues such as building readiness, equipment functionality, and tenancy expiration?	In terms of readiness, the MOH would grant operational licences only upon the facility having passed all requisite technical, safety, and operational inspections. Accordingly, by the time the new hospital commenced operations, all systems and equipment were required to be fully

Questions	The Company's response
	functional and tested. Regarding existing tenancy, the Company had entered into a 15-year tenancy agreement with the landlord, which mitigating the risk of unexpected termination. Additionally, the existing facility was purpose-built as a hospital and could not be readily repurposed for other commercial uses.
16. The current facilities are operating near full capacity, making the new specialist hospital, targeted for Q3 2026 completion, crucial for future growth. What is the status of the financing arrangements for the new hospital, and what is the confirmed contingency plan for managing patient intake should there be significant delays in construction or regulatory approvals? Also please provide the status of completion of the new specialist hospital.	The Group has established a structured funding plan comprising internally generated funds and secured bank facilities to support the development of the new hospital. In terms of project progress, the development remains on track. The Group is ready to move into the next phase, which includes interior works, renovation, and planning of equipment acquisition. Operations will continue at the existing centre until the new hospital is ready, which was expected by the end of next year.
17. The Group plans to introduce comprehensive cardiology and thoracic services during the new hospital's commissioning phase. What is the estimated capital expenditure required for equipment and recruitment for these new specialties, and what is the projected timeline to achieve operational break-even for these new service lines?	These services are not entirely new to the Group and will be introduced in a carefully phased manner, ramping up progressively at the appropriate time. Cardiology services, for example, are already part of the Group's existing JV partnerships. The required investment for equipment and facilities was included within the overall funding plan for the new hospital, and the recruitment of specialists is already underway. Operational break-even will depend on case volumes, utilisation rates, and payer mix. Management expects these service lines to begin contributing positively as the hospital scales up following commissioning.
18. How many resident doctors are currently employed in the medical centre, and how many will be employed after relocation? What is the full capacity?	The Company engaged both resident and visiting doctors. Visiting doctors were permitted to practice concurrently at other medical centres, and there was no specific limit on the number of visiting doctors engaged, as this was a common practice across hospitals. In contrast, all resident doctors were required to be fully dedicated exclusively to the Group's facility, ensuring that specialists are fully committed and patients receive continuity of care. With respect to manpower planning, the general rule of thumb was a ratio of one (1) doctor to three (3) beds. With the new facility having more than one hundred (100) beds, we anticipate accommodating approximately thirty (30) to forty (40) full-time doctors, compared with the current capacity of twelve (12) full-time doctors.
<u>Dividend</u>	

Questions	The Company's response
19. Assuming profits are maintained or improved over the next five (5) years, can shareholders expect dividends to remain at current levels?	Based on the historical trend of dividend payouts, the Company had maintained a steady distribution. The Company is committed to providing dividends to shareholders.
20. Given the need for significant capital expenditure for the new hospital, what is the Board's updated long-term dividend policy outlook? How will the need for future capital requirements be balanced with providing sustainable returns to shareholders? Bear in mind that the share price of the Company is at all-time low now.	The Group has demonstrated a consistent trend of dividend payouts. Cengild secured a term-loan facility for capital expenditure related to the new hospital, this loan complements internally generated funds, ensuring healthy cash flow projections. The dividend policy remains focused on sustainability rather than short-term maximisation. The Group will continue to strike a careful balance between supporting shareholder returns and funding the critical growth investments that will strengthen the Company's earnings profile in the years ahead.
<u>Subsidiaries Business</u>	
21. Why the primary care clinics being disposed? What was the initiate rationale for owning these clinics, and why were they later disposed of?	The clinics were initially established to ensure continuity of care by facilitating post-operative follow up at clinics for patients, with the intention of achieving operational synergies. An additional objective of the clinics was to provide a referral point through which clinicians could refer patients back to the Group and assist in the management and discussion of ongoing cases, in line with the original concept. However, the operation of primary care clinics required a substantially different skill set compared to managing a hospital. In addition, the clinics were opened at different stages due to licensing requirements, with start-up periods ranging from approximately two (2) months to one (1) year. After approximately six (6) months of operations, Management reviewed the performance and strategic fit of the clinics and resolved to discontinue the clinic operations and concentrate on its core hospital operations, after taking into account financial considerations and strategic focus.
22. Regarding the JV in oncology, would the new hospital include both JV doctors and in-house doctors? How will the arrangement work, and will there be any conflicts?	The purpose of the JV was to attract highly established and reputable specialists. While there is a broader pool of medical practitioners in the market, the Group's objective was to collaborate leading doctors in their respective fields in order to deliver the highest standard of

Questions	The Company's response
	care to patients. One of the JV companies, Curie Oncology, comprise of an oncology group made up of leading specialists in the country. The rationale for these JV was to consolidate groups of top-tier doctors within the Group's centres, thereby strengthening clinal capabilities and enhancing the quality of patient care.
23. Will the JV entities contribute higher revenue?	Yes. Among the three (3) JV entities, Curie Oncology, which focuses on oncology, is currently the most significant contributor. It also consists of leading oncology specialists in the country.
24. The contribution from the JV entities is not yet above RM0.5 million. Is the contribution considered meaningful?	The JV entities have been operating for less than two (2) years. Despite the short period, they are already profitable based on the Company's twenty-five percent shareholding, which is considered meaningful.
25. Which medical specialties are included under the JV arrangements?	Doctors have different levels of experience. Some have recently completed their training and have a limited patient base. Others are highly trained specialists capable of performing complex procedures. For example, Dr. Akhtar practised for approximately more than twenty (20) years in the United Kingdom before returning to Malaysia and established the Malaysian Colorectal Society. Many colorectal surgeons are highly specialised field in which such expertise could not easily be replaced by another practitioner. This aligned with the original vision of the hospital, which is to serve as a centre of excellence, providing patients with clarity on where to seek specialised care. The Company emphasised that the Group's objective was to assemble a group of advanced specialists who can treat complex cases and serve patients with the best care available.
<u>Senior Management</u>	
26. Regarding Senior Management, a new Chief Executive Officer ("CEO") was appointed last year, and the Chief Financial Officer ("CFO") was replaced	With respect to the CEO position, our previous CEO, Ms. Yap Soh Kim ("Ms. Lily Yap"), served the Company until her retirement. Following her retirement, a successor was appointed who initially appeared suitable but was subsequently

Questions	The Company’s response
this year. Will they stay longer term moving forward?	assessed not to be the appropriate long-term fit. During the transition period, Ms. Lily Yap temporarily returned to support the Company while the search for a suitable CEO continued. The current CEO, Ms. Stephanie Lee, has formally assumed the role, allowing Ms. Lily Yap to proceed with her retirement. Regarding the CFO position, it was clarified that the Company would seek a more appropriate candidate should the appointed individual be assessed as not suitable for the role.
27. On the previous Financial Controller (“FC”), what was the situation and has it been resolved? I understand that the previous FC had not been confirmed in the role, and that a report related to the case was submitted to the Industrial Labour Office.	With regard to the specific case, it would not be appropriate for the Company to comment on individual employment matters in detail. For context, the individual concerned had changed employers four (4) times within a short period and had filed complaints against all four (4) former employers with the Labour Court. The matter has been resolved in accordance with standard employment and legal procedures.
<u>Share Price</u>	
28. The Company’s share price was trading at a relatively low level, despite earnings and dividends being stable, does the Company have any plans for implementation of share buy-back (“SBB”)? It is common for listed companies to undertake SBB exercises as a means of rewarding employees and long-term shareholders.	The Board and management took note of the suggestion.
29. What specific, time-bound strategies will the Board implement to address this persistent valuation gap, improve market perception, and ensure the intrinsic value of the Group's expansion plans is adequately reflected in the stock price? The company has the worst performing share price in Bursa amongst the healthcare providers.	While Management cannot directly control share price movements, the Group will continue to demonstrate tangible business progress, including the new hospital expansion, development of specialised service lines, and implementation of cost optimisation programs, to enhance market confidence.
<u>Impact of Regulatory Changes on Medical Tourism</u>	
30. The extension of Sales and Service Tax (“SST”) to non-Malaysian patients and stricter pre-authorisation by private insurers are the challenges. What specific marketing or pricing strategies are being adopted to protect or grow the medical tourism revenue base?	The Group is implementing a mix of strategic marketing and pricing initiatives to remain competitive. This includes targeted campaigns to attract patients from key international markets and the promotion of bundled service packages. The impact of the SST extension is expected to be minimal, as medical tourism represents a relatively small portion of the Group’s overall

Questions	The Company's response
	business. At the same time, we continue to work closely with major insurance in the market to ensure our services remain competitive and accessible to patients.
<u>Digitalisation and Systems Integration Risks</u>	
31. The focus on digital systems, data analytics, and a seamless transition to the new hospital relies heavily on system robustness. Considering the heightened risk to data integrity from increased reliance on Electronic Medical Records (EMR), has the Group successfully secured dedicated cybersecurity insurance coverage, as mentioned in the mitigation plans, and what is the annual budget dedicated to cybersecurity defence? We do not want the occurrence of data breaches similar to the incident in 2023. It has caused the share price to tumble to the low.	The Group engages vendors to implement preventive measures to minimise the risk of cybersecurity attacks. This include regular vulnerability assessments, continuous monitoring and on-going staff training programmes. The Group has ensured that adequate protection measures are in place. Risk management policies and practices have been updated and strengthened to prevent any recurrence of past incidents. While specific budgetary figures are not disclosed for security reasons, the majority of the security measures are on subscription-based and integrated into operating costs, ensuring robust protection without requiring substantial additional capital outlay.
<u>Investor Relations and Transparency</u>	
32. We as the shareholders have expressed concerns regarding the transparency and frequency of communication in the previous meetings, particularly the lack of proactive engagement outside of mandated regulatory filings by Bursa. What concrete steps and dedicated resources will the Board commit to immediately improving the Investor Relations program, including scheduling regular briefings for institutional and retail shareholders, and providing detailed operational updates on key business metrics? It is mentioned in the annual report that there is an email for stakeholders to contact the management on the issues and concerns but no one is responding. Please rectify this as soon as possible.	The Group apologises for the earlier lapse and had taken note of the matter. An email contact link has since been added to the Company's webpage for investors to submit their questions at any time. Please refer to the Company's website under the 'corporate' tab, specifically the 'Investor Relations' section. Submitted queries will be forwarded to the relevant departments for response accordingly.

APPENDIX B

CENGILD MEDICAL BERHAD
(202101004143)

CENGILD MEDICAL BERHAD 5TH AGM

Nexus, Connexion Conference & Event Centre,
Spectrum (Level 3A),Bangsar South City, No. 7, Jalan Kerinchi 59200 Kuala Lumpur,
On Friday, November 28, 2025 3:00 PM

Result On Voting By Poll

Resolution(s)	Votes For			Vote Against			Total Votes		
	No of Units	%	No of P/S	No of Units	%	No of P/S	No of Units	%	No of P/S
Ordinary Resolution 1	353,439,647	99.9717	25	100,000	0.0283	1	353,539,647	100.0000	26
Ordinary Resolution 2	353,439,647	99.9717	25	100,000	0.0283	1	353,539,647	100.0000	26
Ordinary Resolution 3	353,239,647	99.9717	24	100,000	0.0283	1	353,339,647	100.0000	25
Ordinary Resolution 4	353,439,647	99.9717	25	100,000	0.0283	1	353,539,647	100.0000	26
Ordinary Resolution 5	353,439,647	99.9717	25	100,000	0.0283	1	353,539,647	100.0000	26
Ordinary Resolution 6	162,258,639	99.9384	23	100,000	0.0616	1	162,358,639	100.0000	24

SCRUTINEER SOLUTIONS SDN. BHD. 201601026122 (1197061-U)

28/11/2025

TRICOR INVESTOR & ISSUING HOUSE SERVICES SDN BHD 11324-H POLL ADMINISTRATOR

CENGILD MEDICAL BERHAD
(202101004143)

CENGILD MEDICAL BERHAD 5TH AGM

Nexus, Connexion Conference & Event Centre,
Spectrum (Level 3A),Bangsar South City, No. 7, Jalan Kerinchi 59200 Kuala Lumpur,
On Friday, November 28, 2025 3:00 PM

Result On Voting By Poll

Resolution(s)	Pre-determined Abstain *		Abstain / Spoilt #	
	No of Units	No of P/S	No of Units	No of P/S
Ordinary Resolution 1	21,000	1	0	0
Ordinary Resolution 2	21,000	1	0	0
Ordinary Resolution 3	221,000	2	0	0
Ordinary Resolution 4	21,000	1	0	0
Ordinary Resolution 5	21,000	1	0	0
Ordinary Resolution 6	191,202,008	3	0	0

* These votes refer to holders who have pre determined abstain from voting in proxy forms or holders refrained from voting due to conflict of interest.

These refer to:
1) Holders who have chosen not to vote (e-voting) or
2) Abstain / Spoilt votes as reflected in poll slips (poll slip voting)

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