Stamp Duty 20 Baht

## PROXY FORM A (SIMPLE FORM)

## According to Regulation of Department of Business Development

Re: Form of Proxy (no. 5) B.E. 2550

		Writt	en at		
		Date		Month	Year
(1)	I/We		Vationality	y	
	t NoRoad				
District	Province			Postal Code	
Country					
(2)	Being the shareholder of Bumrungrad Hospital P	ublic Co	mpany Li	imited,	
holding the	e total amount ofshares,	eligible	for		. votes, as follows:
	Ordinary shares of shares,	eligible	for		. votes
	Preference shares of shares,	eligible	for		. votes
(3)	do here by appoint either one of the following pe	rsons:			
	(1) Name	Age	·····	years, Residing at N	lo
Road	Sub-district			District	
Province	Postal Code		. or		
	(2) Name	Age	e	years, Residing at N	lo
Road	Sub-district			District	
Province	Postal Code		. or		
	(3) Name	Age	e	years, Residing at N	lo
Road	Sub-district			District	
Province	Postal Code				
the year 20 Center on adjournment	e of my/our proxy to attend and vote on my/our be 010 of Bumrungrad Hospital Public Company Limit 12 <sup>th</sup> fl., Bumrungrad Hospital Building, no. 33/3 S nt thereof to any other date, time and venue.	ted on <b>V</b> ukhumv	<b>Vednesda</b> it Road S	n <b>y 28 April 2010 a</b> t 16.00 soi 3 (Nana Nua), Wattana	hours at Conference
Any	act performed by the proxy at such meeting shall be	e aeeme	a as my/o	ur own act in all respects.	
	S	igned			Grantor
			(		)
	S	igned			Proxy
			(		)
	S	igned			Proxy
			(		)
	S	igned			Proxy
			(		)

## Remarks:

The shareholder assigning the Proxy must authorize only one proxy to attend and vote at the meeting and shall not allocate the number of shares to several proxies to vote separately.