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Subscription N	lo
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THONBURI HEALTHCARE GROUP
Subscription Form for Newly Issued Ordinary Shares of Thonburi Healthcare Group Public Company Limited
Offering of 511,186,960 newly issued ordinary shares with a par value of 1.00 Baht per share at the offering
price of 5.00 Baht per share to existing shareholders at a ratio of 5 existing shares for 2 newly issued shares
To: The Board of Directors of Thonburi Healthcare Group Public Company Limited ("The Company")
Subscription Date
☐ 22 September 2025 ☐ 23 September 2025
Subscriber's Details – Please fill in the completed information
I ☐ Mr. ☐ Mrs. ☐ Miss ☐ Juristic Person ☐ Others (Please specify)
Name
Shareholder Register No.
☐ Individual of Thai Nationality – ID Card No.
☐ Individual of Foreign Nationality (Nationality) Foreign Card/Passport No
☐ Juristic Person of Thai Nationality – Company Registration No.
☐ Juristic Person of Foreign Nationality – Company Registration No.
Shareholder address database is in accordance with the Share Register Book as of the date to determine the list
of shareholders who are entitled to the allocation of newly issued shares offered to the existing shareholders in
proportion to their shareholding (Record Date) on 29 August 2025 which the Company has received from Thailand
Securities Depository Company Limited.
Telephone No.
Email
Source of Subscription Payment (Can select more than 1 option):
Individual :  Salary Self Employed Savings Investment Inheritance
Others (Please specify)
Juristic Person :  From Business Operation Other (Please specify)
According to the Company's Share Register Book as of the Record Date on 29 August 2025, I/We own
shares, and have the entitlement to subscribe at a ratio of 5 existing ordinary
shares for 2 newly issued shares for shares.

I hereby subscribe for and request allotment of newly issued ordinary shares of Thonburi Healthcare Group Public				
Company Limited.				
Subscription Type	Offering Price (Baht / Share)	No. Shares Subscribed (Shares)	Amount (Baht)	
☐ Subscription for full entitlement	5.00			
Subscription for less than the entitlement	5.00			
Subscription in excess of the entitlement (only excess portion)	5.00			
Total				
D	etails of Allotmer	nt		
If the shares are allotted to me, I hereby agree and instruct the Company to proceed as follows: (Please choose only one method)  Issue a share for the allotted shares in the name of "Thailand Securities Depository Company Limited for Depositors" and have (name of broker)				
account)				
Share Certificate (Script system): Issue a share certificate in my/our name and deliver it to me/us. I/We agree that I/we may obtain the share certificate after the Stock Exchange of Thailand has approved the listing of the said shares and the trading thereof in the Stock Exchange of Thailand.				

I/We have made a payment for shares subscribed by means of (Please choose only one method)				
Deposit money through Bill Payment System on the Mobile Banking Application, with the following details:				
(1) Krungsri Mobile Banking Application's Users – Search with Comp.Code: 21429				
(2) Other Mobile Banking Applications' Users (except K PLUS) – Search with Biller ID: 010754700036229				
Or using the Bill Payment Form for payment through the counter of Bank of Ayudhya into account name				
"Krungsri Securities PCL for Subscription", Account No. 001-0-18967-5, Current Account, Bank of Ayudhya,				
Ploenchit Office Branch.				
☐ Cheque / Cashier's Cheque / Draft by depositing through Bill Payment System at the counter of Bank of				
Ayudhya, Comp.Code: 21429, Cheque No				
Branch				
Subscription". The date specified in the Cheque / Cashier cheque / Draft must be during subscription period				
but no later than 22 September 2025 and can be collected from clearing house in Bangkok within the next				
business day and within subscription period only.				
For subscribers who have a trading account with Krungsri Securities Public Company Limited, payment by				
debiting from trading account No				
acbilling from trading account to.				
Refund of the Money (If any)				
Refund of the Money (If any)				
Refund of the Money (If any)  In case that I/We did not receive the allocated portion or entitled to less than the subscription amount, I/We have				
Refund of the Money (If any)  In case that I/We did not receive the allocated portion or entitled to less than the subscription amount, I/We have agreed for the refund to be returned by payment to my/our account. Account No.				
Refund of the Money (If any)  In case that I/We did not receive the allocated portion or entitled to less than the subscription amount, I/We have agreed for the refund to be returned by payment to my/our account. Account No.  Branch				
Refund of the Money (If any)  In case that I/We did not receive the allocated portion or entitled to less than the subscription amount, I/We have agreed for the refund to be returned by payment to my/our account. Account No.  Branch  I/We undertake and agree to subscribe the said shares in the aforementioned number and shall not revoke this				
Refund of the Money (If any)  In case that I/We did not receive the allocated portion or entitled to less than the subscription amount, I/We have agreed for the refund to be returned by payment to my/our account. Account No.  Bank Branch  I/We undertake and agree to subscribe the said shares in the aforementioned number and shall not revoke this subscription. If I/We do not return this duly completed subscription form and the supporting documents for shares				
Refund of the Money (If any)  In case that I/We did not receive the allocated portion or entitled to less than the subscription amount, I/We have agreed for the refund to be returned by payment to my/our account. Account No.  Bank Branch  I/We undertake and agree to subscribe the said shares in the aforementioned number and shall not revoke this subscription. If I/We do not return this duly completed subscription form and the supporting documents for shares subscription together with the evidence of shares subscription payment to the Subscription Agent of the Company				
Refund of the Money (If any)  In case that I/We did not receive the allocated portion or entitled to less than the subscription amount, I/We have agreed for the refund to be returned by payment to my/our account. Account No.  Bank				
Refund of the Money (If any)  In case that I/We did not receive the allocated portion or entitled to less than the subscription amount, I/We have agreed for the refund to be returned by payment to my/our account. Account No				
Refund of the Money (If any)  In case that I/We did not receive the allocated portion or entitled to less than the subscription amount, I/We have agreed for the refund to be returned by payment to my/our account. Account No				
Refund of the Money (If any)  In case that I/We did not receive the allocated portion or entitled to less than the subscription amount, I/We have agreed for the refund to be returned by payment to my/our account. Account No.  Bank				

Please be aware that there is a risk involved in securities investment and make sure that you have thoroughly studied all information in the Notification of Rights to Subscribe for

Newly Issued Ordinary Shares before deciding on the Shares Subscription

Receipt for Subscription of Shares (Please complete this part as well)				
	Subscription No			
Subscription Date  17 September 2025	☐ 18 Septem	nber 2025 🔲 19	9 September 2025	
22 September 2025	23 Septer	nber 2025		
Krungsri Securities Public Company Limited has received subscription payment from (The subscriber's name)				
for subscription of shares of Thonburi Healthcare Group Public Company Limited				
No. of shares subscribed				
Subscription Type	Offering Price	No. Shares	Amount	
	(Baht / Share)	Subscribed (Shares)	(Baht)	
☐ Subscription for full entitlement	5.00			
☐ Subscription for less than the entitlement	5.00			
☐ Subscription in excess of the entitlement	5.00			
(only excess portion)				
Total				
Ву				
☐ Deposit money through Bill Payment Syste	m on the Mobile	Banking Application o	r the counter of Bank of	
Ayudhya				
☐ Cheque / Cashier's Cheque / Draft Cheque No				
Bank Branch				
☐ Debiting from trading account (ATS)				
If the shares are allotted to me, I hereby agree to proceed as follows: (Please choose only one method)				
☐ Issue a share in the name of TSD for Depositors, Participant No				
Securities Trading Account No.				
☐ Issue a share in the name of TSD for Depositors and deposit the said shares with Thailand Securities Depository				
Company Limited under the issuer account No. 600 for my/our name				
☐ Share Certificate (Script system): Issue a share certificate in subscriber name				
Authorized Officer				





## A member of 🏿 MUFG แบบฟอร์มการชำระเงิน / Bill Payment Form บริษัทหลักทรัพย์ กรุงศรี จำกัด (มหาชน)

ธนาคารกรุงศรีอยุธยา จำกัด (มหาชน) / BANK OF AYUDHYA PUBLIC COMPANY LIMITED เพื่อเข้าบัญชี "บริษัทหลักทรัพย์ กรุงศรี จำกัด (มหาชน) เพื่อการจองขึ้อหุ้น"/"Krungsri Securities PCL for Subscription" A/C No. 001-0-18967-5 (Bill Payment) Comp Code : 21429 Biller ID : 010754700036229				
สาขาผู้รับฝาก / Branch Name				
ชื่อลูกค้า / Customer Name				
เลขทีบัตรประชาชน/ หนังสือเดินทาง/ ใบต่			เลขทะเบียนผู้ถือหุ้น/ Ref.2	
ID Card/ Passport/ Alien Card/ Affidavi	t/ Ref.1		Shareholder No./ Ref.2	
หมายเลขเช็ค/ Cheque No.	ช็คลงวันที่ / Date	ชื่อธนาคาร / Bank Name	สาขา / Branch	บาท / Baht
เงินสด โปรดเขียนจำนวนเงิ			ลายมือชื่อเจ้าหน้าที่ธนาคา	าร
Cash Please write amou	nt in words		Authorized Signature	
ชื่อผู้นำฝาก/ Name of Depositor		โทรศัพท์ /Tel		
หมายเหตุ เลขทะเบียนผู้ถือหุ้น/Ref.2 เป็นตัวเลข 10 หลักเท่านั้น โปรดดรวจสอบจากใบรับรองการจองซื้อหุ้น ที่แนบมาพร้อมหนังสือแจ้งสิทธิการจองซื้อหุ้นสามัญเพิ่มทุน Registration Number/Ref.2, comprising of 10-digit numbers, appear in the Certificate of Share Subscription Entitlement enclosed with Information Memorandum				
krungsri Securities A member of ⊙MUFG แบบฟอร์มการชำระเงิน / Bill Payment Form บริษัทหลักทรัพย์ กรุงศรี จำกัด (มหาชน)				
ธนาคารกรุงศรีอยุธยา จำกัด (มหาชน) / BANK OF AYUDHYA PUBLIC COMPANY LIMITED เพื่อเข้าบัญชี "บริษัทหลักทรัพย์ กรุงศรี จำกัด (มหาชน) เพื่อการจองชื้อหุ้น"/"Krungsri Securities PCL for Subscription" A/C No. 001-0-18967-5 (Bill Payment) Comp Code : 21429 Biller ID : 010754700036229				
สาขาผู้รับฝาก / Branch Name			วันที่ / Date	/
ชื่อลูกค้า / Customer Name				
นอลูกคา/ Customer wame เลขทีบัตรประชาชน/ หนังสือเดินทาง/ ใบต่			เลขทะเบียนผู้ถือหุ้น/ Ref.2	
ID Card/ Passport/ Alien Card/ Affidavi			Shareholder No./ Ref.2	
หมายเลขเช็ค/ Cheque No.	ช็คลงวันที่ / Date	ชื่อธนาคาร / Bank Name	สาขา / Branch	บาท / Baht
เงินสด โปรดเขียนจำนวนเงิ			ลายมือชื่อเจ้าหน้าที่ธนาคา	15
Cash Please write amou	nt in words		Authorized Signature	
ชื่อผู้นำฝาก/ Name of Depositor		โทรศัพท์ /Tel		

กรุณานำเอกสารฉบับนี้ไปขำระเงินได้ที่ธนาคารกรุงศรีอยุธยา จำกัด (มหาชน) ทุกสาขาทั่วประเทศ โดยไม่เสียค่าใช้จ่ายแต่อย่างใด

Please bring along this document and make a payment at all BAY's branches without any additional fee charged

## หมายเหต

เลขทะเบียนผู้ถือหุ้น/Ref.2 เป็นตัวเลข 10 หลักเท่านั้น โปรดตรวจสอบจากใบรับรองการจองชื้อหุ้น ที่แนบมาพร้อมหนังสือแจ้งสิทธิการจองชื้อหุ้นสามัญเพิ่มทุน Registration Number/Ref.2, comprising of 10-digit numbers, appear in the Certificate of Share Subscription Entitlement enclosed with Information Memorandum