

ANNUAL REPORT REQUEST FORM

Date:

To:

LYC Healthcare Berhad

2nd Floor, Podium Block Plaza VADS

No. 1 Jalan Tun Mohd Fuad

Taman Tun Dr. Ismail

60000 Kuala Lumpur

Wilayah Persekutuan Malaysia

General Line : +603 7733 9222

Fax : +603 7733 4886

I/We hereby request for a hard copy of the Annual Report 2024 of LYC Healthcare Berhad to be forwarded to the following address:-

Name of Shareholder : _____

NRIC/Passport/Company No. : _____

CDS Account No. : _____

Mailing Address : _____

Contact No. : _____

Signature of Shareholder/
Company Stamp