

## ANNUAL REPORT REQUEST FORM

Date:

To:

**LYC Healthcare Berhad**

2<sup>nd</sup> 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 2023 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