

THE SOCIALIST REPUBLIC OF VIETNAM
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CANDIDACY/NOMINATION APPLICATION FORM
TO BECOME A BOARD MEMBER
OF DHG PHARMACEUTICAL JOINT STOCK COMPANY
FOR THE REMAINING PERIOD OF TERM IV (2019 – 2023)

Kind Attn to: The Board of Directors of DHG Pharmaceutical JSC

Pursuant to the Notice No.001/2023/TB.ĐHĐCĐ dated 17 Mar 2023 of the Board of Directors (BOD) of DHG Pharmaceutical Joint Stock Company (DHG Pharma) on the nomination and candidacy of a Board Member as a replacement for the remaining period of Term IV (2019 – 2023).

I/We am/are a shareholder/group of shareholders of DHG PHARMA, owning% of the total number of voting shares, including:

NO.	FULL NAME OF SHAREHOLDER	OWNERSHIP REGISTRATION NUMBER	NUMBER OF SHARES OWNED AT DHG PHARMA	% TOTAL NUMBER OF DHG'S SHARES
1.				
2.				
	TOTAL			

After referring to the Charter of DHG Pharma, I/We hereby nominate this member as a candidate for the Board Member position for the remaining period of Term IV (2019 - 2023) of DHG Pharma as follows:

List of nominees for the nomination and candidacy of the Board Member position:

NO.	FULL NAME OF SHAREHOLDER	ID CARD/ CITIZEN IDENTIFICATION/ PASSPORT NO.	BOARD MEMBER
1.			
2.			
	TOTAL		

I/We have enclosed the curriculum vitae and photo of ID/Passport/Citizen identification of the nominee to this application. I/We certify that the nominee(s) is/are fully qualified to become the Board Member of DHG Pharma. I/We are fully responsible for the accuracy, honesty and legality of this nomination.

Best regards.

....., 2023

SHAREHOLDER/GROUP OF SHAREHOLDERS

Signature, full name, seal (if any)

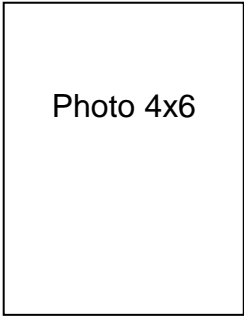


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**CURRICULUM VITAE OF NOMINEES FOR
BOARD MEMBER OF
DHG PHARMACEUTICAL JSC**

1. Personal Information:

- Full name:
- Gender:
- Date of birth:
- Place of birth:
- Nationality: Ethnic group:
- ID Card/Citizen Identification/Passport: Issue date:
- Permanent Address:
- Mobile:

2. Professional qualification:

Time	School/Training center	Degree

3. Professional/ working experience:

Time	Position	Name of organization

4. Current position:

5. Other positions held in other organizations:

6. Interests to the Company:

- Number of shares held in DHG Pharma:
- Commitments held:

- Related parties holding shares of DHG Pharma:

No.	Name of individual	Relationship	ID Card/ /citizen identification/ passport	Issued date	Issued place	Number of DHG PHARMA's shares owned
1.						
2.						
3.						

- Debts related to the Company:
- Interests related to the Company:
- Conflict of interests related to the Company:

I hereby certify all statements in this application are true and complete. I commit to performing my duties honestly, faithfully, cautiously and for the best interests of the Company if I am elected to be a Board Member of the Company.

....., 2023

APPLICANT

(Sign, full name)