溫州康寧醫院股份有限

Notes:

1. Please insert the number and type of Share(s) registered in your name(s) relating to this form of proxy. If no number is inserted, this form of proxy will be deemed to relate to all of the Shares in the share capital of the Company registered in your name(s).

2. Full name(s) and address(es) are to be inserted in **B◗ C ◗E E ◝.**

3. Please insert the number of Share(s) registered in your name(s), and delete as appropriate.

4. If any proxy other than the chairman of the meeting is preferred, please strike out "**HE CHA \ A F HE\ EE G**" here inserted and insert the name and address of the proxy desired in the space provided. You may appoint one or more proxies to attend the AGM. A proxy need not be a Shareholder of the Company but must attend the AGM in person to represent you. **F A\ E ◝ E ED, HE CHA \ A F HE\ EE G ◗◗AC A◝ ┌■ . A A◗ E A \ ADE H ◝F \ F \ ┌■ BE A◗ED B HE E ◝ H ◝G ◝ .**

5.