



PROXY FORM

The undersigned stockholder of **ASIA PACIFIC MEDICAL CENTER- AKLAN INC.**, do hereby nominate, constitute and appoint _____, or in his absence, the **CHAIRMAN** of the Meeting as **ATTORNEY-IN-FACT** and **PROXY**, with power of substation, to represent and vote all shares registered in the name of undersigned stockholder in the books of the Corporation at the Annual Stockholders’ Meeting to be held on **31 AUGUST 2023** via Zoom Teleconference Meeting as fully to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming any and all matters which may lawfully come before said meeting and at any adjournments thereof. The above-named proxy is to vote as follows:

1. Approval of minutes of previous stockholders’ meeting held last 15 SEPTEMBER 2022

Yes No Abstain

2. Approval of the 2022 Annual Report and Financial Statements

Yes No Abstain

3. Election of Directors (Please check one):

Equally to all fifteen (15) nominees for directors;

Abstain for all fifteen (15) nominees for directors;

Distribute or cumulate my shares to the nominee/s, as follows: *(Indicate the number of shares to be voted for each nominee)*

4. Appointment of External Auditor

Yes No Abstain

5. Ratification of the Acts, Resolutions and Proceedings of the Board of Directors, Corporate Officers, and Management from 2022 up to 31 August 2023.

Yes No Abstain

6. Any issue/question that may arise related to any item in the Agenda of the meeting

Yes No Abstain

NAME OF NOMINEE	YES	ABSTAIN	NO. OF SHARES
Dr. Ferjanel G. Biron			
Dr. Simeon A. Arce Jr.			
Dr. Eileen May B. Debuque			
Dr. Claire B. Perez			
Dr. Marsha Conanan-Morato			
Dr. Nikki James C. Francisco			
Dr. Joanne B. Abril			
Dr. Gregory A. Ardeña			
Dr. Regina R. Buenafior			
Dr. Meride Daulo-Lavilla			
Dr. Raymundo R. Quimpo			
Dr. Danilo M. Regozo			
Dr. * Mary Karen R. Icamina			
Dr. *Delphine Bartolome			
Dr. *Darcy Quindor			
TOTAL**			

*Independent Director

** Total Votes cast should not exceed the number of shares in your name multiplied by the number of board seats

PRINTED NAME AND SIGNATURE OF STOCKHOLDER

DATE

PRINTED NAME AND SIGNATURE OF WITNESS

No. of Shares Held	Tel. No. / Mobile Phone No. of Stockholder

*This proxy must be received by the Office of the Corporate Secretary on or before the close of business hours on **24 August 2023** through email at compliance@apmcaklan.com and hard copies at 2nd Floor, Aklan Polyclinic and Drugstore, G. Ramos Street, Kalibo, Aklan.

This proxy, when properly executed, will be voted in the manner as directed herein by the stockholder(s). If no direction is made, this proxy will be voted for the election of all nominees and for the approval of the matters stated above and for such other matters as may properly come and/or as recommended by management or the Board of Directors.

A stockholder giving a proxy has the power to revoke it at any time before the right granted is exercised. A proxy is also considered revoked if the stockholder attends the meeting in person and expressed his intention to vote in person.

Notarization of this proxy is not required.