

KYC FORM

This form should be read in conjunction with the accompanying scheme document published by Spire Healthcare Group plc dated 29 September 2026 (the "**Scheme Document**"). Capitalised terms used but not defined in this form shall (unless the context requires otherwise) have the definitions given to them in the Scheme Document, a copy of which has been made available to all Spire Shareholders (subject to any restrictions set out in the Scheme Document).

This form must be completed by Eligible Scheme Shareholders who wish to elect for the Alternative Offer, regardless of whether they hold their Scheme Shares in certificated or uncertificated form. Please complete and return a copy of this form (and, to the extent you hold Scheme Shares in certificated form, the Form of Election) as soon as possible and, in any event, so as to be received by Equiniti Limited ("Equiniti") by post at Equiniti Limited, Corporate Actions, Highdown House, Yeoman Way, Worthing BN99 6DA, United Kingdom by no later than the KYC Return Time, 1.00 p.m. on the day which is three Business Days prior to the Court Hearing.

KYC Forms and/or paper originals of all certified supporting KYC documents that have been signed in 'wet ink' must be returned to Equiniti at the address noted above by no later than the KYC Return Time, being 1.00 p.m. on the day which is three Business Days prior to the Court Hearing. Alternatively, any KYC Forms and/or certified supporting KYC documents that have been validly signed electronically (for example, through DocuSign) may be returned via email to Equiniti at SpireKYC@equiniti.com by no later than the KYC Return Time, being 1.00 p.m. on the day which is three Business Days prior to the Court Hearing.

Failure to deliver KYC Information in a form satisfactory to Bidco prior to the KYC Return Time (that is, 1.00 p.m. on the day which is three Business Days prior to the Court Hearing) will result in any purported election for the Alternative Offer being treated as invalid by Bidco and, in such circumstances, you will only be entitled to receive the Cash Consideration in accordance with the terms of the Cash Offer.

This KYC Form is provided solely for the purpose of collecting preliminary KYC Information regarding Eligible Scheme Shareholders electing for the Alternative Offer and (if applicable) in respect of any Underlying Holder and any ultimate beneficial owner ("**UBO**") with direct or indirect ownership of 10% or more of any Eligible Scheme Shareholder that is a body corporate. Following receipt of the duly completed KYC Form and supporting documents, Bidco, any of its advisers or Equiniti may contact the relevant Eligible Scheme Shareholder(s) to request further KYC Information. The nature of any further KYC Information to be provided by Eligible Scheme Shareholders that wish to elect for the Alternative Offer will be confirmed by or on behalf of Bidco.

- Eligible Scheme Shareholders who **are natural persons should refer to Part A** below.
- Eligible Scheme Shareholders who **are body corporates should refer to Part B** below.
- Eligible Scheme Shareholders holding Scheme Shares as **a nominee on behalf of another person should refer to Part C** below.

- Eligible Scheme Shareholders **holding Scheme Shares through CREST should refer to Part D** below.

For further details on how to complete this form, please refer to Part 6 (*Notes for making an election for the Alternative Offer*) of the Scheme Document. If you have any questions about this form, please telephone Equiniti on +44 (0)371 384 2899. Lines are open between 8.30 a.m. and 5.30 p.m. (London time) Monday to Friday (excluding public holidays in England and Wales). Calls are charged at the standard geographical rate and will vary by provider. Calls outside the United Kingdom will be charged at the applicable international rate. Please note that Equiniti cannot provide advice on the Acquisition or the Scheme (including the Alternative Offer) or the merits of any of the foregoing, nor any financial, legal or tax advice and calls may be recorded and monitored for security and training purposes.

PART A – NATURAL PERSONS

Eligible Scheme Shareholders who are natural persons must complete:

- Section 1 (*Natural Persons*);
- to the extent they hold Scheme Shares in CREST, Section 4 (*CREST Participants*); and
- Appendix 1 (*Individual Self-Certification Form*),

and must provide the client due diligence documents in paragraph 1 (*Individuals*) of Appendix 3 (*Oakbridge CDD Requirements*) to Equiniti, or any other person as Bidco directs, by the KYC Return Time.

PART B – BODY CORPORATES

Eligible Scheme Shareholders that are body corporates must:

- in respect of the relevant body corporate, complete Section 2 (*Body Corporates*);
- to the extent they hold Scheme Shares in CREST, complete Section 4 (*CREST Participants*); and
- Appendix 2 (*Entity Self-Certification Form*),

and must provide the following documents to Equiniti, or any other person as Bidco directs, by the KYC Return Time:

- in respect of itself, the client due diligence documents in paragraph 2 (*Companies, Partnerships, or non-natural entities*) of Appendix 3 (*Oakbridge CDD Requirements*);
- in respect of any UBO with direct or indirect ownership of 10% or more of the body corporate, the client due diligence documents in paragraph 1 (*Individuals*) of Appendix 3 (*Oakbridge CDD Requirements*); and

- in respect of intermediate body corporate(s) in the group structure between the Eligible Scheme Shareholder and the UBO, the client due diligence documents in paragraph 2 (*Companies, Partnerships, or non-natural entities*) of Appendix 3 (*Oakbridge CDD Requirements*).

PART C – NOMINEES

Eligible Scheme Shareholders holding Scheme Shares as nominee on behalf of another person must:

- in respect of itself, complete the requirements listed in Part B (*Body Corporates*) above and Section 3 (*Nominees*) below;
- if the relevant Underlying Holder on whose behalf it holds Scheme Shares (who is electing to receive the Alternative Offer) is a natural person, complete the requirements listed in Part A (*Natural Persons*);
- if the relevant Underlying Holder on whose behalf it holds Scheme Shares (who is electing to receive the Alternative Offer) is a body corporate, complete the requirements listed in Part B (*Body Corporates*); and
- to the extent they hold Scheme Shares in CREST, complete Section 4 (*CREST Participants*).

Eligible Scheme Shareholders holding Scheme Shares as nominee (or by way of a similar arrangement) on behalf of more than one Underlying Holder should make copies of this form and return one form in respect of each Underlying Holder.

Where an Eligible Scheme Shareholder holds as nominee (or by way of similar arrangement) on behalf of more than one Underlying Holder, the invalidity of an election made, or failure to provide the required KYC information, in respect of one Underlying Holder will not impact the validity of an election made on behalf of another Underlying Holder.

PART D – CREST PARTICIPANTS

CREST participants must always complete Section 4 (*CREST Participants*) and, to the extent the relevant Eligible Scheme Shareholder holding Scheme Shares *via* CREST is:

- a natural person holding Scheme Shares in their own name, they must also complete the requirements listed in Part A (*Natural Persons*); or
- a body corporate holding Scheme Shares in its own name, it must also complete the requirements listed in Part B (*Body Corporates*); or
- holding Scheme Shares as nominee on behalf of another person, it must also:
 - in respect of itself, complete Section 3 (*Nominees*);
 - if the relevant Underlying Holder on whose behalf it holds Scheme Shares (and who is electing to receive the Alternative Offer) is a natural person, complete the requirements listed in Part A (*Natural Persons*); and

- if the relevant Underlying Holder on whose behalf it holds Scheme Shares (and who is electing to receive the Alternative Offer) is a body corporate, complete the requirements listed in Part B (*Body Corporates*).

Scheme Shareholders holding Scheme Shares as a CREST participant on behalf of more than one Underlying Holder should make copies of this form and return one form in respect of each Underlying Holder.

If you have any questions about this form, please telephone Equiniti on +44 (0)371 384 2899.

SECTION 1: NATURAL PERSONS

Full Name

Any previous names

Residential address

Date of birth

Place and country of birth

Nationalities (please include all nationalities if more than one)

Confirmation of whether the individual is a politically exposed person¹

Contact email address

Contact telephone number

¹ A politically exposed person is an individual who is, or has been, entrusted with prominent public functions by an international organisation or by a state and such person's family members or close associates.

SECTION 2: BODY CORPORATE

Company name

Company address

Jurisdiction of incorporation

Company registration number

Contact email address

Contact telephone number

SECTION 3: NOMINEE

Company name

Company address

Jurisdiction of incorporation

Company registration number

Contact email address

Contact telephone number

SECTION 4: CREST PARTICIPANTS

CREST Participant Name

CREST Participant ID

CREST Member Account ID

**Number of Scheme Shares in respect of
which an election for the Alternative Offer
has been made**

**CREST Transaction ID relating to the
election for the Alternative Offer**

APPENDIX 1- INDIVIDUAL SELF-CERTIFICATION FORM

Individual Self-Certification Form

Self-Certification Form for:-

- Individual Account Holder (including Individual/Sole Trader/Sole Proprietor) and
- Controlling Person (applicable to any Controlling Person)

In accordance with global automatic exchange of information regimes such as the Foreign Account Tax Compliance Act (**FATCA**) and Common Reporting Standard (**CRS**) we are obliged to obtain certain information on your tax residency.

The information provided will be held in accordance with our local data protection legislation*. We may be required to report the information to our local tax authority for onward reporting to your jurisdiction(s) of tax residence. Under FATCA and CRS, the information provided to tax jurisdictions may only be used for tax purposes.

Oakbridge Corporate Services (Jersey) Limited and its affiliates do not provide tax, legal or accounting advice. If you have any questions about this form, or the regimes on which it is based, please contact your tax advisor for further detail.

*You may request a copy of our Privacy Notice by writing to OCS1@oakbridgegroup.com

Part 1 – Individual's Particulars – Identification of Account Holder

- Please complete this part if you are either an Individual Account Holder or a Controlling Person
- For joint or multiple account holders/controlling persons, complete a separate form for each person

Full Name (<i>forename, middle name, surname</i>):	
Date of birth (<i>DD/MM/YYYY</i>):	
Town/City of Birth:	
Country of Birth:	
Citizenship:	
Main Residential Address:	
Contact Address (<i>if different to main residential address</i>):	

Part 2 – Individual Tax Residence

Please confirm the jurisdiction(s) you are resident for tax purposes and the respective Tax Identification Number(s) (**TIN**) issued by the jurisdiction(s).

If a TIN is not available, please provide a functional equivalent (e.g., your social security, national insurance, citizen, personal identification, or a resident registration number).

If no TIN or functional equivalent is available for any jurisdiction, please advise the reason why (e.g., the tax residence jurisdiction does not issue TIN's to its residents / Tax residence jurisdiction does not require the collection of TIN / Other – please explain).

Jurisdiction of Tax Residence	Date Individual became Tax Resident in the Jurisdiction	TIN	TIN TYPE

Part 3 – US Status

Please select from the following, the statement which most accurately describes you:

- I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test) and that my US TIN is as follows. ☐

Please confirm US TIN: _____

- I confirm that I was born in the US or a US territory, but I am no longer a US citizen, and I have voluntarily surrendered my citizenship as evidenced by the attached documents. ☐
- I confirm that I am not a US citizen or resident in the US for tax purposes. ☐

Part 4 – Controlling Person (to be completed by the Controlling Person of an Entity Account Holder)

Legal Name of the Entity of which you are the Controlling Person

1)

2)

3)

Types of Controlling Person (please tick one box)

☐ Controlling Person of a legal person – control by ownership

☐ Controlling Person of a legal person – control by other means (incl full POA)

☐ Controlling Person of a legal person – senior managing official

☐ Controlling Person of a trust - settlor

☐ Controlling Person of a trust – trustee

☐ Controlling Person of a trust – protector

☐ Controlling Person of a trust – beneficiary

☐ Controlling Person of a trust – other

☐ Controlling Person of a legal arrangement (non-trust) – please provide more details

Part 5 - Declaration

I declare to the best of my knowledge and belief that the information provided in this form is accurate and complete.

I undertake to advise Oakbridge Corporate Services (Jersey) Limited promptly and provide an updated Self-certification Form within 30 days where any information contained in this form becomes inaccurate or incomplete.

Where legally obliged to do so, I hereby consent to Oakbridge Corporate Services (Jersey) Limited sharing this information with the relevant tax information authorities.

Signature: _____

Date: _____

Print name of signer: _____

Capacity, if not signed by individual*: _____

*If you are signing on behalf of an individual, you will also need to complete an Individual Self-Certification Form.

APPENDIX 2 – ENTITY SELF-CERTIFICATION FORM

Entity Self-Certification Form

Self-Certification Form for:-

- Entity and Controlling Person

In accordance with global automatic exchange of information regimes such as the Foreign Account Tax Compliance Act (**FATCA**) and Common Reporting Standard (**CRS**) we are obliged to obtain certain information on your tax residency.

The information provided will be held in accordance with our local data protection legislation*. We may be required to report the information to our local tax authority for onward reporting to your jurisdiction(s) of tax residence. Under FATCA and CRS, the information provided to tax jurisdictions may only be used for tax purposes.

Oakbridge Corporate Services (Jersey) Limited and its affiliates do not provide tax, legal or accounting advice. If you have any questions about this form, or the regimes on which it is based, please contact your tax advisor for further detail.

*You may request a copy of our Privacy Notice by writing to OCS2@oakbridgegroup.com

Part 1 – Entity Particulars – Entity Account Holder

- For joint or multiple account holders, complete a separate form for entity account holder

Legal Name of Entity:	
Jurisdiction of Registration:	
Registered Office Address:	
Mailing Address (if different to Registered Office Address):	

Part 2 – Entity Tax Residence

Please confirm the jurisdiction(s) the Entity is tax resident and the respective Tax Identification Number(s) (**TIN**) issued by the Jurisdiction(s).

If a TIN is not available, please provide a functional equivalent (e.g., a business or company registration number or other similar form of identification).

If no TIN or functional equivalent is available for any jurisdiction, please advise the reason why (e.g., the tax residence jurisdiction does not issue TIN's to its residents / Tax residence jurisdiction does not require the collection of TIN / Other – please explain).

- If your Entity has multiple countries of tax residency, please list all of the relevant information in the below)

Jurisdiction of Tax Residence	Date Entity became Tax Resident in the Jurisdiction	TIN	TIN TYPE

Non-Financial Entity

- ☐ Active Non-Financial Entity, including a Government Entity, International Organisation, Central Bank, a corporation the stock of which is regularly traded on one or more established securities market, or related entity of such a corporation
- ☐ Active Non-Financial Entity, other than listed above. If the Entity is linked to a Trust classified as a Financial Institution, please complete Part 5 and Part 7 of this form in respect of the Controlling Persons
- ☐ Passive Non-Financial Entity, please complete Part 5 and Part 7 of this form in respect of the Controlling Persons

Part 5 – Controlling Persons

Only complete this Part 5 if the Entity is a:

- *Passive Non-Financial Institution under FATCA, or*
- *Professionally Managed Investment Entity resident in a Non-Participating Jurisdiction under CRS, or*
- *Passive Non-Financial Entity under CRS, or*
- *The Entity is classified as an Active Non-Financial Entity and is linked to a Trust classified as a Financial Institution under CRS*

Otherwise, please skip to Part 6.

Please name all Controlling Persons, noting that they must be individual and cannot be corporate entities.

Each controlling person should complete and sign Part 7 of this form.

Controlling Person 1:

Controlling Person 2:

Controlling Person 3:

Controlling Person 4:

Controlling Person 5:

Controlling Person 6:

Controlling Person 7:

Controlling Person 8:

Controlling Person 9:

Part 6 – Entity Declaration

As authorised signatories of the Entity, we declare to the best of our knowledge and belief that the information provided in this form is accurate and complete.

We undertake to advise Oakbridge Corporate Services (Jersey) Limited promptly and provide an updated Self-Certification Form within 30 days where any of the information contained in this form becomes inaccurate or incomplete.

Where legally obliged to do so we hereby consent to Oakbridge Corporate Services (Jersey) Limited sharing this information with the relevant tax information authorities.

Authorised Signature: _____

Date: _____

Print Name of Authorised Signatory: _____

Position/Title of Authorised Signatory: _____

Part 7 – Details of Controlling Persons

To be completed by or for each Controlling Person names in Part 5 of this form

Section 1

Full Name (<i>forename, middle name, surname</i>):	
Date of birth (<i>DD/MM/YYYY</i>):	
Town/City of Birth:	
Country of Birth:	
Citizenship:	
Main Residential Address:	
Contact Address (<i>if different to main residential address</i>):	
Name of the Entity(ies) of which the individual is a Controlling Person:	

Section 2

Please confirm the jurisdiction(s) the Controlling Person is resident for tax purposes and the respective Tax Identification number(s) (**TIN**) issues by the jurisdiction(s).

If a TIN is not available, please provide a functional equivalent (e.g., social security, national insurance citizen, personal identification, or a resident registration number).

If no TIN or functional equivalent is available for any jurisdiction, please advise the reason why (e.g., the jurisdiction does not issue such numbers).

Jurisdiction of Tax Residence	Date Controlling Person became Tax Resident in the Jurisdiction	TIN	TIN TYPE

Section 3

Please select the statement which most likely accurately describes the Controlling Person:

- ☐ I confirm that I am a US citizen and/or resident in the US for tax purposes (*green card holder or resident under the substantial presence test*).
- ☐ I confirm that I was born in the US or a US territory, but I am no longer a US citizen as I have voluntarily surrendered my citizenship as evidenced by the attached documents.
- ☐ I confirm that I am not a US citizen or resident in the US for tax purposes.

Section 4

Please select the most accurate description of the Controlling Person:

- ☐ Controlling Person of a Legal Person – Control by Ownership
- ☐ Controlling Person of a Legal Person – Control by Other Means
- ☐ Controlling Person of a Legal Person – Senior Managing Official
- ☐ Controlling Person of a Trust– Settlor
- ☐ Controlling Person of a Trust– Trustee
- ☐ Controlling Person of a Trust– Protector
- ☐ Controlling Person of a Trust– Beneficiary
- ☐ Controlling Person of a Trust– Other
- ☐ Controlling Person of a Legal Arrangement (Non-Trust) – Settlor Equivalent
- ☐ Controlling Person of a Legal Arrangement (Non-Trust) – Trustee Equivalent
- ☐ Controlling Person of a Legal Arrangement (Non-Trust) – Protector Equivalent
- ☐ Controlling Person of a Legal Arrangement (Non-Trust) – Beneficiary Equivalent
- ☐ Controlling Person of a Legal Arrangement (Non-Trust) – Other Equivalent

Section 5

I certify that I am the Controlling person, or am authorised for the Controlling Person, of all the accounts to which this form relates.

I declare to the best of my knowledge and belief that the information provided in this form is accurate and complete.

I undertake to advise Oakbridge Corporate Services (Jersey) Limited promptly and provide an updated Self-Certification Form within 30 days where any information contained in this form becomes inaccurate or incomplete.

Where legally obliged to do so, I hereby consent to Oakbridge Corporate Services (Jersey) Limited sharing this information with the relevant tax information authorities.

Signature: _____

Date: _____

Print name of signer: _____

Capacity, if not signed by Controlling Person*: _____

*If you are not the Controlling Person, please indicate the capacity on which you are signing this form. If you are signing under Power of Attorney, please also attach a certified copy of the Power of Attorney. If you are signing as a trustee of a trust, please note that all trustees must sign.

APPENDIX 3 – OAKBRIDGE CDD REQUIREMENTS

CLIENT DUE DILIGENCE ("CDD") REQUIREMENTS

Each Eligible Scheme Shareholder who wishes to elect for an the Alternative Offer, whether an Individual, Company, Partnership or non-natural entity, should provide the following information as listed in paragraphs 1 and 2 (as applicable).

1. **Individuals**

- (a) Certified Proof of ID (Passport, Driving License or ID Card must be in date)
- (b) Certified Proof of residential address (utility bill (not mobile telephone) or bank statement <90 days old)
- (c) Source of Funds confirmation (please provide in accordance with the section titled "Source of Funds / Source of Wealth below")

2. **Companies, Partnerships, or non-natural entities**

- (a) Certified copy of Certificate of Incorporation/Certificate of Registration
- (b) Certified copy of the memorandum and articles of association/Limited
- (c) Partnership Agreement/Trust Deed etc.
- (d) Certified Register of Members/Limited Partners/Beneficiaries
- (e) Certified Register of Directors
 - (i) Certified Proof of ID (Passport, Driving License or ID card must be in date)
 - (ii) Certified Proof of residential address (utility bill (not mobile telephone) or bank statement <90 days old)
- (f) Certified structure chart leading up to the ultimate beneficial owner ("**UBO**"):
 - (i) If there is no UBO with direct or indirect ownership of 10% or more, please state this on the certified structure chart
 - (ii) If there is a UBO with 10% or more ownership, please provide the information requested in (i) above
- (g) Source of Funds confirmation (please provide in accordance with the section titled "Source of Funds / Source of Wealth below")

Where multiple layers of ownership between the relevant company, partnership or other body corporate and an UBO with direct or indirect ownership of 10% or more, we require all information listed above in this paragraph 2 for all entities shown on the structure chart up to the identified UBO

All documents requested should be certified in accordance with the certification requirements detailed overleaf.

Where required, wet ink signatures (that is, paper originals of all certified documents) should be sent to Oakbridge Corporate Services (Jersey) Limited, 1 IFC, St. Helier, Jersey, JE2 3BX in addition to any electronic copies that are sent by email.

Unless specifically requested, certified wet ink signatures (paper originals of all certified documents) **are not required** to be provided for paper filing. High quality, colour scanned pdfs/pictures of these are acceptable but electronic certifications may only be issued in accordance with the guidance issued by the Jersey Financial Services Commission (e.g. locked documents using appropriate software such as Adobe or DocuSign).

CERTIFICATION REQUIREMENTS (BY THE CERTIFIER)

The certifier must have seen the original documentation and, where using photographic documentation to verify the identity of an individual, have met the individual.

A certifier must be one of the following:

an officer of an embassy, consulate or high commission of the country of issue of the documentary evidence of identity;

- a lawyer or notary public who is a member of a professional body;
- an actuary who is a member of a professional body;
- an accountant who is a member of a professional body;
- a tax advisor who is a member of a professional body;
- a director or manager of a regulated financial services business, which is operating in a well-regulated jurisdiction, or of a branch or subsidiary of a group headquartered in a well-regulated jurisdiction which applies group standards to subsidiaries and branches worldwide and tests the application of and compliance with such standards.

A certifier must state:

- that they have seen the original document being provided;
- that the copy they are certifying is a true and complete copy of the original document;
- that photographic documentation bears a true likeness to the individual in the photograph;
- the date of certification (all documents received must be dated no more than 3 months (90 days) prior to receipt (where possible e.g. live documents such as registers of members but not historic documents such as certificates of incorporation) and dated as certified no more than 3 months (90 days) prior to receipt;

- their contact details (email address and/or telephone number); and
- the capacity in which they are signing (e.g. Manager/Advocate).

Suggested certification wording:

Certifying a document WITH a photograph

"I certify this document is a complete, accurate and true copy of an original/copy of the original documents which is held on our files. The photograph contained therein has been confirmed to bear a true likeness to the individual.

Signed:

Name:

Date:

Company:

Address:

Contact Details: [Contact number or email] "

Certifying a document WITHOUT a photograph

"I hereby certify that this is a true and complete copy of the original document, which I have seen

Signed:

Name:

Date:

Company:

Address:

Contact Details: [Contact number or email]"

SOURCE OF FUNDS / SOURCE OF WEALTH

Confirmation regarding Source of Funds and Source of Wealth will also need to be required for any connected parties who have added funds into the Company to which Oakbridge provides services. Examples of this are:

- Source of funds relates to the specific activity that generates the funds to be used in a business relationship or one-off transaction
 - Salary
 - Investment proceeds
 - Business income
 - Loan proceeds
- Source of wealth relates to how a person or business has accumulated their overall wealth over time. Examples include:

- Sale of business
- Inheritance
- Property sales
- Investments

The above are just general guidelines and the specific details of the Source of Funds & Source of Wealth must be provided.