**THE SOCIALIST REPUBLIC OF VIETNAM**

**Independence – Freedom – Happiness**

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**NOMINATION/CANDIDACY APPLICATION FORM**

TO BECOME AN INDEPENDENT BOARD MEMBER

OF DHG PHARMACEUTICAL JOINT STOCK COMPANY

TERM IV (2019 – 2023)

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

Pursuant to the Notice No.001/2021/TB.ĐHĐCĐ dated 26th Mar 2021 of the Board of Directors (BOD) of DHG Pharmaceutical Joint Stock Company (DHG Pharma) on the nomination and candidacy of an Independent Board Member 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 Organization and Operation of DHG Pharma, I/We hereby nominate this member as a candidate for the Independent Board Member position Term IV (2019 - 2023) of DHG Pharma as follows:

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

|  |  |  |  |
| --- | --- | --- | --- |
| **NO.** | **FULL NAME OF SHAREHOLDER** | **ID Card/ Citizen Identification/ Passport No.** | **INDEPENDENT BOARD MEMBER** |
| 1. |  |  |  |
| 2. |  |  |  |
|  | **TOTAL** |  |  |

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

Best regards.

…………………., ….…….. …………….. 2021

**SHAREHOLDER/GROUP OF SHAREHOLDERS**

*Signature, full name, seal (if any)*

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Photo 4x6

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CURRICULUM vitae OF NOMINEES FOR

THE INDEPENDENT BOARD MEMBER POSITION AT

DHG PHARMACEUTICAL JSC

1. **Personal Information:**

* Full name:
* Gender:
* Date of birth:
* Place of birth:
* Nationality: Ethnic group:
* ID card/Citizen Identification: Issued date:
* Permanent Address:
* Mobile:

1. **Professional qualifications:**

|  |  |  |
| --- | --- | --- |
| **Time** | **School/Training center** | **Degree** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Professional/ working experiences:**

| **Time** | **Position** | **Name of organization** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Current position:**
2. **Other positions held in other organizations:**
3. **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 an Independent Board Member of the Company.

………………, ………… …………….. 2021

**APPLICANT**

(*Sign, full name)*

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**Declaration for the purpose of verifying independence and commitment of the Independent Board Member candidate of**

**DHG Pharmaceutical JSC Term IV (2019 - 2023)**

Full name:

ID/Passport No.: issued on: at:

Permanent address:

Contact address:

In order to provide adequate information for completion of the Independent Board Member profile and to improve transparent information for DHG Pharmaceutical Joint Stock Company (DHG Pharma) as well as all shareholders of the Company, I would like to provide relevant information related to the independence as follows:

*(Guidance for declaration: the candidate marks "X" in the "Yes" or "No" and writes relevant information in the "Detailed content" if marking "Yes").*

| **No.** | **Requirements for the independence** | **Yes** | **No** | **Detailed contents** |
| --- | --- | --- | --- | --- |
| 1. **Criteria for the independence of employee relations** | | | | |
| 1.1. | Does the candidate hold a position as General Director, Deputy General Director, Chief Accountant, and other titles appointed by the Board of Directors? |  |  |  |
| 1.2 | Is the candidate working for DHG PHARMA or DHG PHARMA’s subsidiaries? |  |  |  |
| 1.3 | Was the candidate an employee at DHG PHARMA or DHG PHARMA’s subsidiaries for at least three (03) consecutive years? |  |  |  |
| 1.4 | Is the candidate being paid salary and remuneration from DHG PHARMA except for allowances for a member of the Board of Directors in accordance with regulations? |  |  |  |
| 1.5 | Is the candidate a related person with the Enterprise Executive of DHG PHARMA or DHG PHARMA’s subsidiaries? |  |  |  |
| 1.6 | Has the candidate been a member of the Board of Directors, the Board of Supervisory of DHG PHARMA for at least five (05) consecutive years? |  |  |  |
| 1. **Criteria for the independence of audit relation and consultancy** | | | | |
| 2.1 | At the present and in the last two (02) years, has the applicant had direct or indirect ownership interests or has he/she been an employee of a current or former legal consulting and audit firm of DHG Pharma or a related person? |  |  |  |
| 2.2 | Is the candidate a consultant or a joint-venture partner, an affiliated partner of DHG Pharma as well as a related person? |  |  |  |
| 1. **Criteria for the independence of ownership and economic relations** | | | | |
| 3.1 | Is the candidate a direct or indirect owner of at least 1% of voting shares of DHG PHARMA? |  |  |  |
| 3.2 | Is the candidate a related person of the major shareholder of DHG PHARMA? |  |  |  |
| 3.3 | Is the candidate a partner or a related person of partner who has annual transaction(s) with DHG Pharma, accounting for thirty percent (30%) or more of the total sales or total values of goods and services of the Company in the last two (02) years? |  |  |  |

I hereby verify that the declaration for the purpose of verifying the independence for the Independent Board Member position is completely honest, accurate and reasonable.

If I am elected as the Independent Board Member of DHG Pharma, I hereby undertake that:

- I shall remain the independence during the term or shall report to the Board of Directors once the independence has not been guaranteed.

- I shall fulfill responsibilities and authorities of the Independent Board Member in accordance with the Company's Charter, the Internal Regulation on Corporate Governance and other tasks assigned by the Board of Directors.

Best regards.

*……………., ……….. …………….. 2021*

**APPLICANT**

(signature and full name)