

Unless the context otherwise requires, terms used in this PINK Form of Acceptance shall bear the same meanings as those defined in the offer document dated 22 May 2017 (the "Offer Document") issued by China Wah Yan Healthcare Limited.

除文義另有所指外，本粉紅色接納表格所用詞彙與中國華仁醫療有限公司於二零一七年五月二十二日刊發之要約及回應文件（「要約文件」）所界定者具有相同涵義。

Hong Kong Exchanges and Clearing Limited, The Stock Exchange of Hong Kong Limited and Hong Kong Securities Clearing Company Limited take no responsibility for the contents of this PINK Form of Acceptance, make no representation as to its accuracy or completeness and expressly disclaim any liability whatsoever for any loss howsoever arising from or in reliance upon the whole or any part of the contents of this PINK Form of Acceptance.

香港交易及結算所有限公司、香港聯合交易所有限公司及香港中央結算有限公司對本粉紅色接納表格之內容概不負責，對其準確性或完整性亦不發表任何聲明，並明確表示概不對因本粉紅色接納表格全部或任何部份內容而產生或因倚賴該等內容而引致之任何損失承擔任何責任。

**PINK FORM OF ACCEPTANCE AND CANCELLATION FOR USE IF YOU WANT TO ACCEPT THE OPTION OFFER.**

閣下如欲接納購股權要約，請使用本粉紅色接納及註銷表格。



## XINHUA NEWS MEDIA HOLDINGS LIMITED

### 新華通訊頻媒控股有限公司

(Incorporated in the Cayman Islands with limited liability)

(於開曼群島註冊成立之有限公司)

(Stock code: 309)

(股份代號：309)

#### PINK FORM OF ACCEPTANCE AND CANCELLATION OF OPTIONS ISSUED BY

#### XINHUA NEWS MEDIA HOLDINGS LIMITED

#### 新華通訊頻媒控股有限公司發行之購股權的粉紅色接納及註銷表格

All parts should be completed in full 每項均須填寫

Receiving Agent: Tricor Investor Services Limited

接收代理：卓佳證券登記有限公司

22nd Floor, Hopewell Centre, 183 Queen's Road East, Hong Kong

香港皇后大道東183號合和中心22樓

FOR THE CONSIDERATION stated below, the Optionholder named below hereby accepts the Option Offer and agrees to the surrender for cancellation the number of Xinhua News Media Option(s) specified below, upon and subject to the terms and conditions contained herein and in the accompanying Offer Document. 下述購股權持有人謹此按下列代價接納購股權要約並同意交回下列數目的新華通訊頻媒購股權以供註銷，惟須遵守本表格及隨附要約文件內之條款及條件。		
Number of Xinhua News Media Option(s) at the exercise price of HK\$0.1882 per Xinhua News Media Share surrendered for cancellation 交回供註銷之行使價每股新華通訊頻媒股份港幣0.1882元之新華通訊頻媒購股權數目	FIGURES 數目  WORDS 大寫	
Details of the Optionholder 購股權持有人資料	Family name 姓氏	Forename 名字
	Address 地址	
	Telephone number 電話號碼	
Consideration 代價	For the cancellation of every 1 Xinhua News Media Option, 4 new Wah Yan Healthcare Shares 每註銷1份新華通訊頻媒購股權為4股新華仁醫療股份	

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 2017

日期：二零一七年 \_\_\_\_\_ 月 \_\_\_\_\_ 日

Signed by the Optionholder in the presence of:

購股權持有人在下列見證人見證下簽署：

Name of Witness 見證人姓名： \_\_\_\_\_

Signature of the Optionholder

購股權持有人簽署

Signature of Witness 見證人簽署： \_\_\_\_\_

Address of Witness 見證人地址： \_\_\_\_\_

Occupation of Witness 見證人職業： \_\_\_\_\_

**THIS PINK FORM OF ACCEPTANCE IS IMPORTANT AND REQUIRES YOUR IMMEDIATE ATTENTION.**

**If you are in any doubt as to any aspect of this PINK Form of Acceptance or as to the action to be taken, you should consult your licensed securities dealer or registered institution in securities, bank manager, solicitor, professional accountant or other professional adviser.**

Wah Yan Healthcare is making the Option Offer. The making of the Option Offer to the Xinhua News Media Optionholders having registered address outside of Hong Kong may be affected by the laws of the relevant jurisdictions. If you are an overseas Xinhua News Media Optionholder having registered address outside of Hong Kong, you should inform yourself about and observe all applicable legal and regulatory requirements. If you wish to accept the Option Offer, it is your responsibility to satisfy yourself as to the full observance of the laws and regulations of the relevant jurisdictions in connection therewith, including the obtaining of all governmental, exchange control or other consents which may be required and the compliance with all necessary formalities and regulatory or legal requirements. You will also be fully responsible for any such issue, transfer or other taxes payable by you in respect of the acceptance of the Option Offer. Acceptance of the Option Offer by you will constitute a warranty by you to Wah Yan Healthcare that you have observed and are permitted under all applicable laws and regulations to receive and accept the Option Offer, and any revision thereof, and that you have obtained all requisite governmental, exchange control or other consents in compliance with all necessary formalities and regulatory or legal requirements and have paid all issue, transfer or other taxes or other required payments due from you in connection with such acceptance in any territory, and that such acceptance shall be valid and binding in accordance with all applicable laws and regulations. You are recommended to seek professional advice on deciding whether or not to accept the Option Offer.

This PINK Form of Acceptance should be read in conjunction with the Offer Document.

**HOW TO COMPLETE THIS PINK FORM OF ACCEPTANCE**

The Option Offer is conditional. Optionholders are advised to read the Offer Document before completing this PINK Form of Acceptance. To accept the Option Offer made by Wah Yan Healthcare, you should complete and sign this PINK Form of Acceptance overleaf and forward this entire form together with the relevant certificate(s) of the Options (if applicable) and/or other document(s) of title and/or any satisfactory indemnity or indemnities required in respect thereof for the whole or in respect of part of your holding of Options or if applicable, for not less than the number of Options in respect of which you intend to accept the Option Offer, by post or by hand, to the Receiving Agent, Tricor Investor Services Limited, 22nd Floor, Hopewell Centre, 183 Queen's Road East, Hong Kong no later than 4:00 p.m. on 19 June, 2017 (Monday) or such later time(s) and/or date(s) as Wah Yan Healthcare may determine and announce in accordance with the Takeovers Code. The provisions of Appendix I to the Offer Document are incorporated into and form part of this PINK Form of Acceptance.

**PINK FORM OF ACCEPTANCE AND CANCELLATION OF OPTIONS**

To: China Wah Yan Healthcare Limited

1. My execution of this PINK Form of Acceptance shall be binding on my successors and assigns, and shall constitute:
  - (a) my irrevocable acceptance of the Option Offer made by Wah Yan Healthcare, as contained in the Offer Document, for the consideration and on and subject to the terms and conditions therein and herein mentioned, in respect of the number of Options specified in this form or, if no such number is specified or a greater number is specified than I am registered as the Optionholder of, in respect of all such Options as to which I am registered as the Optionholder;
  - (b) my/our irrevocable instruction and authority to Wah Yan Healthcare and/or such person or such persons as Wah Yan Healthcare may direct for the purpose to send the share certificate(s) of Wah Yan Healthcare Shares to which I shall have become entitled under the terms of the Option Offer, by ordinary post at my risk to the person and address stated in this paragraph below or, if no name and address are stated, to me at the registered address maintained by Xinhua News Media.
 

(Insert here the name and address of the person to whom the share certificate(s) of Wah Yan Healthcare Shares is/are to be sent if different from the registered name and address of the Optionholder.)

Name: (in BLOCK LETTERS) .....

Address: (in BLOCK LETTERS) .....
  - (c) my undertaking to execute such further documents and to do such acts and things by way of further assurance as may be necessary or desirable to cancel my Option(s) surrendered for cancellation under the Option Offer; and
  - (d) my agreement to ratify each and every act or thing which may be done or effected by Wah Yan Healthcare and/or Xinhua News Media or their respective agent(s) or such person or persons as any of them may direct on the exercise of any of the authorities contained herein.
2. I understand that acceptance of the Option Offer by me will be deemed to constitute a warranty by me to Wah Yan Healthcare that the number of Option(s) specified in this form or, if no such number is specified or a greater number is specified than I am registered as the Optionholder, all such Options as to which I am registered as the Optionholder, is/are hereby surrendered and renounced free from all liens, charges, encumbrances, rights of pre-emption and any other third-party rights of any nature and together with all rights attaching to them as on or after the Closing Date.
3. In the event that my acceptance is not valid in accordance with the terms of the Option Offer, all instructions, authorisations and undertakings contained in paragraph 1 above shall cease, in which event, I authorise and request you to return to me this form duly cancelled, together with the Option certificate(s) (if applicable), by ordinary post at my own risk to the person at the address stated in paragraph 1(b) above or, if no name and address is stated, to me at the registered address maintained by Xinhua News Media.
4. I enclose the relevant Option certificate(s) (if applicable) for the whole/part of my holding of Option(s) which is/are surrendered for cancellation on the terms and conditions of the Option Offer. I understand that no acknowledgement of receipt of any PINK Form of Acceptance and/or Option certificate(s) (if applicable) will be given. I further understand that all documents will be sent by ordinary post at my own risk.
5. I hereby warrant and represent to Wah Yan Healthcare that I am the registered holder of the number of Option(s) specified in this form and I have the full right, power and authority to surrender the Option(s) for cancellation by way of acceptance of the Option Offer.
6. I warrant to Wah Yan Healthcare that I have observed and are permitted under all applicable laws and regulations where my address is located as set out in the register of Optionholders of Xinhua News Media to accept the Option Offer, and any revision thereof; and that I have obtained all requisite governmental, exchange control or other consents and made all registration or filing required in compliance with all necessary formalities and regulatory or legal requirements; and that I have paid all issue, transfer or other taxes or other required payments due from me in connection with such acceptance; and that such acceptance shall be valid and binding in accordance with all applicable laws and regulations; and that I/we have not taken or omitted to take any action which will or may result in Wah Yan Healthcare or any other person involved in the Option Offer in breach of the legal or regulatory requirements of any jurisdiction in connection with the Option Offer.
7. I warrant to Wah Yan Healthcare that I shall be fully responsible for payment of any transfer or other taxes or duties payable by me in connection with my acceptance of the Option Offer.
8. I acknowledge that, save as expressly provided in the Offer Document and this PINK Form of Acceptance, all the acceptance, instructions, authorisation and undertakings hereby given shall be irrevocable.
9. I understand that no acknowledgement of receipt of any form(s) of acceptance and cancellation will be given.

本粉紅色接納表格乃重要文件，閣下須即時處理。

閣下如對本粉紅色接納表格的任何方面或應採取的行動有任何疑問，應諮詢閣下之持牌證券交易商或註冊證券機構、銀行經理、律師、專業會計師或其他專業顧問。

華仁醫療正提出購股權要約。向註冊地址位於香港境外之新華通訊頻媒購股權持有人提出購股權要約或會受到有關司法權區之法例影響。倘閣下為註冊地址位於香港境外之新華通訊頻媒購股權持有人，閣下應自行了解及遵守所有適用法律或監管規定。閣下如欲接納購股權要約，須自行信納全面遵守有關司法權區之相關法律及法規，包括獲得一切所需之政府、外匯管制或其他方面之同意，並遵守一切所需手續及監管或法律規定。閣下將須就接納購股權要約應付之任何有關發行費、轉讓費或其他稅項負責。閣下接納購股權要約，即構成閣下向華仁醫療保證其已遵守所有適用法律及法規以及根據所有適用法律及法規獲允許接收及接納購股權要約及其任何修訂，而閣下已根據一切必要手續及遵守監管或法律規定取得一切所需之政府、外匯管制或其他方面之同意，並已支付閣下於任何地區接納而應付之所有發行費、轉讓費或其他稅項或其他所需款項，而有關接納將根據一切適用法律及法規屬有效及具約束力。建議閣下就決定是否接納購股權要約尋求專業意見。

本粉紅色接納表格應與要約文件一併閱讀。

#### 本粉紅色接納表格之填寫方法

購股權要約附帶條件。購股權持有人於填寫本粉紅色接納表格前，務請先閱讀要約文件。閣下如欲接納華仁醫療所作的購股權要約，應填妥並簽署本粉紅色接納表格背頁，並將整份表格，連同就閣下所持之所有或部份購股權(如適用)不少於閣下擬接納購股權要約的購股權數目的購股權之有關證書(如適用)及/或其他權證文件及/或任何就此所需之一份或多份令人信納之任何彌償保證書一併以郵寄或專人送交方式盡快送抵接收代理卓佳證券登記有限公司，地址為香港皇后大道東183號合和中心22樓，惟無論如何不得遲於二零一七年六月十九日(星期一)下午四時正，或華仁醫療根據收購守則所釐定及公佈之較後時間及/或日期。要約文件附錄一之條文已載入並構成本粉紅色接納表格之一部份。

#### 購股權之粉紅色接納及註銷表格

致：中國華仁醫療有限公司

1. 本人簽署本粉紅色接納表格將對本人的繼承人及承讓人有約束力，即表示：

- (a) 本人不可撤回地接納由華仁醫療提出並載於要約文件的購股權要約以收取代價，按要約文件及本表格所載有關條款及條件收購本表格上所填購股權數目，如未有指定購股權數目或指定購股權數目較本人以購股權持有人名義登記的購股權數目為多，則接納收購本人以購股權持有人名義登記持有的全部購股權；
- (b) 本人/吾等不可撤回地指示及授權華仁醫療及/或其可能就此指定之人士，就本人根據購股權要約之條款應得之華仁醫療股份股票，以平郵方式寄至本段以下所註明之人士及地址(如無填寫姓名及地址，則按本人在新華通訊頻媒存置之登記地址寄予本人)，郵誤風險概由本人自行承擔。

(如收取華仁醫療股份股票之人士並非使用購股權持有人之登記姓名及地址，則請在本欄填上該名人士之姓名及地址。)

姓名：(請用正楷填寫) .....

地址：(請用正楷填寫) .....

- (c) 本人承諾於必要或適當時簽署其他文件並辦理有關手續，以註銷本人就接納購股權要約而交回之購股權；及
  - (d) 本人同意追認華仁醫療及/或新華通訊頻媒或彼等各自的代理或其行使本表格所載的任何授權時可能指定的任何人士可能進行或實施的任何行動或事宜。
2. 本人明白本人接納購股權要約將被視為構成本人向華仁醫療作出保證，表示交回及放棄本表格所列購股權數目(或倘無列明購股權數目或所列的購股權數目高於本人以購股權持有人名義登記的數目，則就本人以購股權持有人名義登記的全部購股權而言)並不附有任何留置權、押記、產權負擔、優先購買權及任何其他性質的第三方權益，並確保該等購股權可享有於截止日期或之後所附帶的一切權利。
3. 如接納購股權要約的條款本人的接納為無效，則上文第1段所載的所有指示、授權及承諾均會終止。在此情況下，本人授權並要求閣下將本人已正式註銷的本表格連同購股權證書(如適用)以平郵方式按上文1(b)段所列地址寄予有關人士，如未有列明姓名及地址者，則按本人在新華通訊頻媒的登記地址寄予本人，郵誤風險由本人承擔。
4. 本人茲附上本人所持全部/部分購股權之有關購股權證書(如適用)，交回閣下按照購股權要約之條款及條件予以註銷。本人明白將不會就任何粉紅色接納表格及/或購股權證書(如適用)獲發收訖通知書。本人亦明白所有文件將以平郵方式寄出，郵誤風險概由本人自行承擔。
5. 本人謹此向華仁醫療保證及聲明，本人為本表格所列明購股權數目的登記持有人，而本人有充分的權利、權力及授權透過接納購股權要約交回該等購股權以供註銷。
6. 本人向華仁醫療保證，本人已遵守本人於新華通訊頻媒購股權持有人名冊所列地址所有適用法律及法規以及根據所有適用法律及法規獲允許接納購股權要約及其任何修訂；而本人已取得任何所需政府、外匯管制或其他方面之同意，及作出所有必要手續或遵守監管或法律規定所規定之一切登記或存檔；且本人已支付本人就該接納應付之所有發行費、轉讓費或其他稅項或其他所需款項；而有關接納將根據一切適用法律及法規屬有效及具約束力；且本人/吾等概無採取或遺漏任何行動而將會或可能致使華仁醫療或參與購股權要約之任何其他人士就購股權要約違反任何司法權區之法律或監管規定。
7. 本人向華仁醫療保證，本人須就支付關於本人接納購股權要約應付之任何轉讓費或其他稅項或徵費承擔全部責任。
8. 本人明白除要約文件及本粉紅色接納表格指明者外，所有特此作出的接納、指示、授權及承諾乃不可撤回。
9. 本人明白不會就任何接納及註銷表格獲發收訖通知。

## PERSONAL DATA

### Personal Information Collection Statements

This personal information collection statement informs you of the policies and practices of Wah Yan Healthcare, Xinhua News Media and in relation to personal data and the Personal Data (Privacy) Ordinance (Chapter 486 of the Laws of Hong Kong) (the "Ordinance").

#### 1. Reasons for the collection of your personal data

To accept the Option Offer for your Xinhua News Media Option(s), you must provide the personal data requested. Failure to supply the requested data may result in the processing of your acceptance being rejected or delayed. It may also prevent or delay the despatch of the consideration to which you are entitled under the Option Offer.

#### 2. Purposes

The personal data which you provide on this PINK Form of Acceptance may be used, held and/or stored (by whatever means) for the following purposes:

- processing your acceptance and verification of compliance with the terms and application procedures set out in this PINK Form of Acceptance and the Offer Document;
- conducting or assisting to conduct signature verifications, and any other verification or exchange of information;
- distributing communications from Wah Yan Healthcare and/or Xinhua News Media and/or their respective agents, officers and advisers;
- establishing benefit entitlements of the Xinhua News Media Optionholders;
- making disclosures as required by laws, rules or regulations (whether statutory or otherwise);
- disclosing relevant information to facilitate claims on entitlements;
- any other purpose in connection with the business of the Wah Yan Healthcare and Xinhua News Media; and
- any other incidental or associated purposes relating to the above and/or to enable Wah Yan Healthcare and/or Xinhua News Media to discharge its obligations to the Xinhua News Media Optionholders and/or under applicable regulations, and other purpose to which the Xinhua News Media Optionholders may from time to time agree to or be informed of.

#### 3. Transfer of personal data

The personal data provided in this PINK Form of Acceptance will be kept confidential but Wah Yan Healthcare and/or Xinhua News Media may, to the extent necessary for achieving the purposes above or any of them, make such enquiries as they consider necessary to confirm the accuracy of the personal data and, in particular, they may disclose, obtain, transfer (whether within or outside Hong Kong) such personal data to, from or with any and all of the following persons and entities:

- Wah Yan Healthcare, Xinhua News Media and/or any of their agents, officers and advisers;
- any agents, contractors or third party service providers who offer administrative, telecommunications, computer, payment or other services to Wah Yan Healthcare and/or Xinhua News Media;
- any regulatory or governmental bodies;
- any other persons or institutions with which you have or propose to have dealings, such as your bankers, solicitors, accountants or licensed securities dealers or registered institution in securities; and
- any other persons or institutions whom Wah Yan Healthcare and/or Xinhua News Media considers to be necessary or desirable in the circumstances.

#### 4. Access and correction of personal data

The Ordinance provides you with rights to ascertain whether Wah Yan Healthcare and/or Xinhua News Media hold your personal data, to obtain a copy of that data, and to correct any data that is incorrect. In accordance with the Ordinance, Wah Yan Healthcare and/or Xinhua News Media have the right to charge a reasonable fee for the processing of any data access request. All requests for access to data or correction of data or for information regarding policies and practices and the kinds of data held should be addressed to Wah Yan Healthcare or Xinhua News Media (as the case may be).

**BY SIGNING THIS PINK FORM OF ACCEPTANCE, YOU AGREE TO ALL OF THE ABOVE.**

## 個人資料

### 收集個人資料聲明

本收集個人資料聲明旨在知會閣下有關華仁醫療、新華通訊頻媒及有關個人資料及香港法例第486章個人資料(私隱)條例(「該條例」)之政策及慣例。

#### 1. 收集閣下個人資料之原因

倘閣下欲就閣下之新華通訊頻媒購股權而接納購股權要約，則閣下須提供所需之個人資料，若未能提供所需資料，可能會導致閣下之接納申請被拒或受到延誤。這亦可能妨礙或延遲寄發閣下根據購股權要約應得之代價。

#### 2. 用途

閣下於本粉紅色接納表格提供之個人資料可能會用作、持有及/或保存(以任何方式)作下列用途：

- 處理閣下之接納申請及核實遵循本粉紅色接納表格及要約文件載列之條款及申請手續；
- 核實或協助核實簽名，以及進行任何其他資料核實或交換；
- 發佈華仁醫療及/或新華通訊頻媒及/或彼等各自之代理、高級職員及顧問之通訊；
- 確立新華通訊頻媒購股權持有人之獲益權利；
- 按法例、規則或規例規定(無論法定或其他規定)作出披露；
- 披露有關資料以方便進行權益申索；
- 有關華仁醫療及新華通訊頻媒業務之任何其他用途；及
- 有關上述任何其他臨時或關連用途及/或令華仁醫療及/或新華通訊頻媒得以履行其對新華通訊頻媒購股權持有人及/或適用法規項下之責任，以及新華通訊頻媒購股權持有人可能不時同意或知悉之其他用途。

#### 3. 轉交個人資料

本粉紅色接納表格提供之個人資料將會保密，惟華仁醫療及/或新華通訊頻媒為達致上述或有關任何上述之用途，可能作出彼等認為必需之查詢，以確認個人資料之準確性，尤其彼等可能向或自下列任何及所有人士及實體披露、獲取、轉交(無論在香港境內或香港境外地區)該等個人資料：

- 華仁醫療、新華通訊頻媒及/或其任何代理、高級職員及顧問；
- 為華仁醫療及/或新華通訊頻媒提供行政、電訊、電腦、付款或其他服務之任何代理、承包商或第三方服務供應商；
- 任何監管或政府機構；
- 與閣下進行交易或建議進行交易之任何其他人士或機構，例如閣下之銀行、律師、會計師或持牌證券交易商或註冊證券機構；及
- 華仁醫療及/或新華通訊頻媒認為必需或適當情況下之任何其他人士或機構。

#### 4. 獲取及更正個人資料

根據該條例之規定，閣下可確認華仁醫療及/或新華通訊頻媒是否持有閣下之個人資料，獲取該資料副本，以及更正任何錯誤資料。依據該條例之規定，華仁醫療及/或新華通訊頻媒可就獲取任何資料之請求收取合理之手續費。獲取資料或更正資料或獲取有關政策及慣例及所持資料類型之資料之所有請求，須提交予華仁醫療或新華通訊頻媒(視乎情況而定)。

閣下一經簽署本粉紅色接納表格即表示同意上述所有條款。