

Ministry of Physical Planning, Construction and State Assets Ulica Republike Austrije 14, 10000 Zagreb, Croatia

Subject Beneficial Ownership Disclosure Form

Date Frankfurt, 15.10.2024

Contact Person Stefano Ferrari E: <u>stefano.ferrari@m4health.pro</u> T: +49 69 348 777 110

Beneficial Ownership Disclosure Form

Request for Proposal reference No.: MoPPCSA/ER&PHPP/C1.2.3/CS-QBS Name of the Assignment: Construction Project Management Consultancy Services During Construction Phase for Clinic Hospital Center Zagreb

To: Ministry of Physical Planning, Construction, and State Assets Ulica Republike Austrije 14, 10000 Zagreb, Croatia

In response to your notification of award dated 15/10/2024 to furnish additional information on beneficial ownership:

we hereby provide the following beneficial ownership information.

Details of beneficial ownership

Identity of Ben- eficial Owner	Directly or indi- rectly holding 25% or more of the shares (Yes / No)	Directly or indirectly holding 25 % or more of the Voting Rights (Yes / No)	Directly or indirectly having the right to appoint a majority of the board of the directors or an equiva- lent governing body of the Consult- ant (Yes / No)
Moussa, Anwar Libyan Libya	Yes	Yes	No
Tayoun Gaby Lebanese Lebanon	Yes	Yes	No

Name of the ConsultantmanageName of the person duly authorized to sign the ProposalStefanoon behalf of the Consultant:Title of the person signing the ProposalCEO

Signature of the person named above

management4health Stefano Ferrari

CEO 00-

15th day of October , 2024

Form of Company: Stock Company (AG) Commercial Register: Amtsgericht Frankfurt am Main, No.: HRB 118315

Date signed

VAT ID: DE 330 816 723 Founder: Prof. Dr. Michael Niechzial Executive Board: Stefano Ferrari, Dr. Aida Bayou Chairman of the Supervisory Board: Nisan Gertz

management4health AG Hebelstr. 11 60318 Frankfurt am Main Germany

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Bank Account: Frankfurter Sparkasse IBAN: DE96 5005 0201 0200 5052 70 BIC: HELADEF1822



Nisan Gertz Associates, LLC 1401 Ocean Avenue Suite 14J Brooklyn, NY 11230, USA Tel: +973-390-1971

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	(Yes / No)	(Yes / No)	directors or an equivalent governing body of the Consultant (Yes / No)
Nisan Gertz American USA	Yes	Yes	Yes

Name of the Consultant

Name of the person duly authorized to sign the Proposal on behalf of the Consultant: Title of the person signing the Proposal Signature of the person named above Nisan Gertz Associates, LLC

Nisan Gertz Managing Principal

Date signed

15th day of October , 2024

Planning For Healthcare's Future