

CENTURION CORPORATION LIMITED
(“CCL” or the “Company”)
(Incorporated in the Republic of Singapore with limited liability)
(Co. Reg. No.: 198401088W)

26 August 2025

Dear Shareholders

CIRCULAR

We are pleased to inform you that the Company’s upcoming Extraordinary General Meeting (“EGM”) will be held at The Glasshouse, Level 3 Andaz Hotel, 5 Fraser Street, Singapore 189354 on 10 September 2025 (Wednesday) at 2.00 p.m. (Singapore time). Enclosed are printed copies of the Notice of EGM and EGM Proxy Form. In line with our sustainability strategy, we will not be mailing printed copies of the Circular in relation to the proposed transactions in connection with the proposed listing of Centurion Accommodation REIT dated 26 August 2025 (“Circular”) to shareholders. From the date of this letter, shareholders will have access to the Circular at our corporate website as follows:

Circular:

visit the link: <https://centurion.listedcompany.com/circulars.html> and select “Circular” or by scanning the QR code on the right which will bring you to the website directly. The Circular will also be available at the following link: <https://www.sgx.com/securities/company-announcements>.



You will need an internet browser and PDF reader to view the Circular.

We hope that you will join our sustainability efforts and embrace electronic communications. However, if you still wish to receive a printed copy of the Circular, please complete the Request Form below and return it to CCL either via email to egm@centurioncorp.com.sg or by post no later than 3 September 2025.

Yours faithfully
For and on behalf of
Centurion Corporation Limited

Hazel Chia Luang Chew
Juliana Tan Beng Hwee
Company Secretaries

REQUEST FORM

To: CENTURION CORPORATION LIMITED

Note: Please tick accordingly. Incomplete or incorrectly completed forms will not be processed.

☐ Please send me a printed copy of the Circular.

Name of Shareholder(s) : _____

NRIC/Passport/Company Registration No. : _____

The shares are held by me/us under or through:

☐ CDP Securities Account Number:

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☐ CPFIS/SRS Account Name: _____

Mailing Address: _____

Signature(s): _____ Date: _____

By completing, signing and returning the Request Form to us, you agree and acknowledge that we and/or our service providers may collect, use and disclose your personal data, as contained in your submitted Request Form or which is otherwise collected from you (or your authorised representative(s)), for the purpose of processing and effecting your request.



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Postage
Stamp



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45 Ubi Road 1, #05-01,

Singapore 408696

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3rd fold and glue overleaf. Do not staple.