Appendix 4G

Key to Disclosures Corporate Governance Council Principles and Recommendations

Name of entity:				
CAPITOL HEALTH LTD				
ABN / ARBN: Financial year ended:				
84 117 391 812	30 June 2016			
	Ilhealth.com.au/corporate-governance/_ate and up to date as at 8 August 2016 and has been approved by the			

Under Listing Rule 4.7.4, if an entity chooses to include its corporate governance statement on its website rather than in its annual report, it must lodge a copy of the corporate governance statement with ASX at the same time as it lodges its annual report with ASX. The corporate governance statement must be current as at the effective date specified in that statement for the purposes of rule 4.10.3.

Throughout this form, where you are given two or more options to select, you can, if you wish, delete any option which is not applicable and just retain the option that is applicable. If you select an option that includes "<u>OR</u>" at the end of the selection and you delete the other options, you can also, if you wish, delete the "OR" at the end of the selection.

¹ Under Listing Rule 4.7.3, an entity must lodge with ASX a completed Appendix 4G at the same time as it lodges its annual report with ASX. Listing Rule 4.10.3 requires an entity that is included in the official list as an ASX Listing to include in its annual report either a corporate governance statement that meets the requirements of that rule or the URL of the page on its website where such a statement is located. The corporate governance statement must disclose the extent to which the entity has followed the recommendations set by the ASX Corporate Governance Council during the reporting period. If the entity has not followed a recommendation for any part of the reporting period, its corporate governance statement must separately identify that recommendation and the period during which it was not followed and state its reasons for not following the recommendation and what (if any) alternative governance practices it adopted in lieu of the recommendation during that period.

² "Corporate governance statement" is defined in Listing Rule 19.12 to mean the statement referred to in Listing Rule 4.10.3 which discloses the extent to which an entity has followed the recommendations set by the ASX Corporate Governance Council during a particular reporting period.

³ Mark whichever option is correct and then complete the page number(s) of the annual report, or the URL of the web page, where the entity's corporate governance statement can be found. You can, if you wish, delete the option which is not applicable.

ANNEXURE - KEY TO CORPORATE GOVERNANCE DISCLOSURES

Corporate Governance Council recommendation		We have followed the recommendation in full for the whole of the period above. We have disclosed	We have NOT followed the recommendation in full for the whole of the period above. We have disclosed 4
PRINC	IPLE 1 – LAY SOLID FOUNDATIONS FOR MANAGEMENT AND OVE	RSIGHT	
1.1	A listed entity should disclose: (a) the respective roles and responsibilities of its board and management; and (b) those matters expressly reserved to the board and those delegated to management.	the fact that we follow this recommendation: in our Corporate Governance Statement OR at [insert location] and information about the respective roles and responsibilities of our board and management (including those matters expressly reserved to the board and those delegated to management): at www.capitolhealth.com.au/corporate-governance/	 □ an explanation why that is so in our Corporate Governance Statement <u>OR</u> □ we are an externally managed entity and this recommendation is therefore not applicable
1.2	A listed entity should: (a) undertake appropriate checks before appointing a person, or putting forward to security holders a candidate for election, as a director; and (b) provide security holders with all material information in its possession relevant to a decision on whether or not to elect or re-elect a director.	the fact that we follow this recommendation: in our Corporate Governance Statement OR at www.capitolhealth.com.au/corporate-governance/	 □ an explanation why that is so in our Corporate Governance Statement <u>OR</u> □ we are an externally managed entity and this recommendation is therefore not applicable
1.3	A listed entity should have a written agreement with each director and senior executive setting out the terms of their appointment.	the fact that we follow this recommendation: in our Corporate Governance Statement OR at [insert location]	 ⊠ an explanation why that is so in our Corporate Governance Statement <u>OR</u> □ we are an externally managed entity and this recommendation is therefore not applicable
1.4	The company secretary of a listed entity should be accountable directly to the board, through the chair, on all matters to do with the proper functioning of the board.	 the fact that we follow this recommendation: ☑ in our Corporate Governance Statement OR ☐ at [insert location] 	 □ an explanation why that is so in our Corporate Governance Statement <u>OR</u> □ we are an externally managed entity and this recommendation is therefore not applicable

⁴ If you have followed all of the Council's recommendations in full for the whole of the period above, you can, if you wish, delete this column from the form and re-format it.

Corpo	ate Governance Council recommendation	We have followed the recommendation in full for the whole of the period above. We have disclosed	We have NOT followed the recommendation in full for the whole of the period above. We have disclosed \dots^4
1.5	 A listed entity should: (a) have a diversity policy which includes requirements for the board or a relevant committee of the board to set measurable objectives for achieving gender diversity and to assess annually both the objectives and the entity's progress in achieving them; (b) disclose that policy or a summary of it; and (c) disclose as at the end of each reporting period the measurable objectives for achieving gender diversity set by the board or a relevant committee of the board in accordance with the entity's diversity policy and its progress towards achieving them and either: (1) the respective proportions of men and women on the board, in senior executive positions and across the whole organisation (including how the entity has defined "senior executive" for these purposes); or (2) if the entity is a "relevant employer" under the Workplace Gender Equality Act, the entity's most recent "Gender Equality Indicators", as defined in and published under that Act. 	the fact that we have a diversity policy that complies with paragraph (a): in our Corporate Governance Statement OR at [insert location] and a copy of our diversity policy or a summary of it: at [insert location] and the measurable objectives for achieving gender diversity set by the board or a relevant committee of the board in accordance with our diversity policy and our progress towards achieving them: in our Corporate Governance Statement OR at [insert location] and the information referred to in paragraphs (c)(1) or (2): in our Corporate Governance Statement OR at [insert location] at [insert location]	 □ an explanation why that is so in our Corporate Governance Statement OR □ we are an externally managed entity and this recommendation is therefore not applicable
1.6	 A listed entity should: have and disclose a process for periodically evaluating the performance of the board, its committees and individual directors; and (b) disclose, in relation to each reporting period, whether a performance evaluation was undertaken in the reporting period in accordance with that process. 	the evaluation process referred to in paragraph (a): in our Corporate Governance Statement AND at www.capitolhealth.com.au/corporate-governance/ and the information referred to in paragraph (b): in our Corporate Governance Statement OR at [insert location]	 □ an explanation why that is so in our Corporate Governance Statement OR □ we are an externally managed entity and this recommendation is therefore not applicable
1.7	A listed entity should: (a) have and disclose a process for periodically evaluating the performance of its senior executives; and (b) disclose, in relation to each reporting period, whether a performance evaluation was undertaken in the reporting period in accordance with that process.	the evaluation process referred to in paragraph (a): ☑ in our Corporate Governance Statement OR ☐ at [insert location] and the information referred to in paragraph (b): ☑ in our Corporate Governance Statement OR ☐ at [insert location]	 □ an explanation why that is so in our Corporate Governance Statement <u>OR</u> □ we are an externally managed entity and this recommendation is therefore not applicable

Corporate Governance Council recommendation		We have followed the recommendation in full for the whole of the period above. We have disclosed	We have NOT followed the recommendation in full for the whole of the period above. We have disclosed4
PRINCIP	LE 2 - STRUCTURE THE BOARD TO ADD VALUE		
2.1	The board of a listed entity should: (a) have a nomination committee which: (1) has at least three members, a majority of whom are independent directors; and (2) is chaired by an independent director, and disclose: (3) the charter of the committee; (4) the members of the committee; and (5) as at the end of each reporting period, the number of times the committee met throughout the period and the individual attendances of the members at those meetings; or (b) if it does not have a nomination committee, disclose that fact and the processes it employs to address board succession issues and to ensure that the board has the appropriate balance of skills, knowledge, experience, independence and diversity to enable it to discharge its duties and responsibilities effectively.	[If the entity complies with paragraph (a):] the fact that we have a nomination committee that complies with paragraphs (1) and (2): in our Corporate Governance Statement OR at [insert location] and a copy of the charter of the committee: at www.capitolhealth.com.au/corporate-governance/ and the information referred to in paragraphs (4) and (5): in our Corporate Governance Statement AND in the 2016 Capitol Health Annual Report. [If the entity complies with paragraph (b):] the fact that we do not have a nomination committee and the processes we employ to address board succession issues and to ensure that the board has the appropriate balance of skills, knowledge, experience, independence and diversity to enable it to discharge its duties and responsibilities effectively: in our Corporate Governance Statement OR at [insert location]	 □ an explanation why that is so in our Corporate Governance Statement OR □ we are an externally managed entity and this recommendation is therefore not applicable
2.2	A listed entity should have and disclose a board skills matrix setting out the mix of skills and diversity that the board currently has or is looking to achieve in its membership.	our board skills matrix: ☑ in our Corporate Governance Statement OR ☐ at [insert location]	 □ an explanation why that is so in our Corporate Governance Statement <u>OR</u> □ we are an externally managed entity and this recommendation is therefore not applicable

Corporate Governance Council recommendation		We have followed the recommendation in full for the whole of the period above. We have disclosed	 ave NOT followed the recommendation in full for the whole e period above. We have disclosed4
2.3	 A listed entity should disclose: (a) the names of the directors considered by the board to be independent directors; (b) if a director has an interest, position, association or relationship of the type described in Box 2.3 but the board is of the opinion that it does not compromise the independence of the director, the nature of the interest, position, association or relationship in question and an explanation of why the board is of that opinion; and (c) the length of service of each director. 	the names of the directors considered by the board to be independent directors: in our Corporate Governance Statement OR at [insert location] and, where applicable, the information referred to in paragraph (b): in our Corporate Governance Statement OR at [insert location] and the length of service of each director: in our Corporate Governance Statement OR at [insert location]	an explanation why that is so in our Corporate Governance Statement
2.4	A majority of the board of a listed entity should be independent directors.	 the fact that we follow this recommendation: ☑ in our Corporate Governance Statement OR ☐ at [insert location] 	an explanation why that is so in our Corporate Governance Statement <u>OR</u> we are an externally managed entity and this recommendation is therefore not applicable
2.5	The chair of the board of a listed entity should be an independent director and, in particular, should not be the same person as the CEO of the entity.	 the fact that we follow this recommendation: ☑ in our Corporate Governance Statement OR ☐ at [insert location] 	an explanation why that is so in our Corporate Governance Statement <u>OR</u> we are an externally managed entity and this recommendation is therefore not applicable
2.6	A listed entity should have a program for inducting new directors and provide appropriate professional development opportunities for directors to develop and maintain the skills and knowledge needed to perform their role as directors effectively.	the fact that we follow this recommendation: ☑ in our Corporate Governance Statement OR ☐ at [insert location]	an explanation why that is so in our Corporate Governance Statement <u>OR</u> we are an externally managed entity and this recommendation is therefore not applicable
PRINCIPLE 3 – ACT ETHICALLY AND RESPONSIBLY			
3.1	A listed entity should: (a) have a code of conduct for its directors, senior executives and employees; and (b) disclose that code or a summary of it.	our code of conduct or a summary of it: ☑ in our Corporate Governance Statement <u>OR</u> ☐ at [<i>insert location</i>]	an explanation why that is so in our Corporate Governance Statement

Corpora	te Governance Council recommendation	We have followed the recommendation in full for the whole of the period above. We have disclosed	We have NOT followed the recommendation in full for the whole of the period above. We have disclosed \dots^4
PRINCIP	LE 4 – SAFEGUARD INTEGRITY IN CORPORATE REPORTING		
4.1	The board of a listed entity should: (a) have an audit committee which: (1) has at least three members, all of whom are non-executive directors and a majority of whom are independent directors; and (2) is chaired by an independent director, who is not the chair of the board, and disclose: (3) the charter of the committee; (4) the relevant qualifications and experience of the members of the committee; and (5) in relation to each reporting period, the number of times the committee met throughout the period and the individual attendances of the members at those meetings; or (b) if it does not have an audit committee, disclose that fact and the processes it employs that independently verify and safeguard the integrity of its corporate reporting, including the processes for the appointment and removal of the external auditor and the rotation of the audit engagement partner.	[If the entity complies with paragraph (a):] the fact that we have an audit committee that complies with paragraphs (1) and (2): in our Corporate Governance Statement OR at [insert location] and a copy of the charter of the committee: at www.capitolhealth.com.au/corporate-governance/ and the information referred to in paragraphs (4) and (5): in our Corporate Governance Statement AND in the 2016 Capitol Health Annual Report. [If the entity complies with paragraph (b):] the fact that we do not have an audit committee and the processes we employ that independently verify and safeguard the integrity of our corporate reporting, including the processes for the appointment and removal of the external auditor and the rotation of the audit engagement partner: in our Corporate Governance Statement OR at [insert location]	an explanation why that is so in our Corporate Governance Statement
4.2	The board of a listed entity should, before it approves the entity's financial statements for a financial period, receive from its CEO and CFO a declaration that, in their opinion, the financial records of the entity have been properly maintained and that the financial statements comply with the appropriate accounting standards and give a true and fair view of the financial position and performance of the entity and that the opinion has been formed on the basis of a sound system of risk management and internal control which is operating effectively.	the fact that we follow this recommendation: ☑ in our Corporate Governance Statement OR ☐ at [insert location]	an explanation why that is so in our Corporate Governance Statement

Corporate Governance Council recommendation		We have followed the recommendation in full for the whole of the period above. We have disclosed		ave NOT followed the recommendation in full for the whole period above. We have disclosed \dots^4
4.3	A listed entity that has an AGM should ensure that its external auditor attends its AGM and is available to answer questions from security holders relevant to the audit.	 the fact that we follow this recommendation: ☑ in our Corporate Governance Statement OR ☐ at [insert location] 		an explanation why that is so in our Corporate Governance Statement <u>OR</u> we are an externally managed entity that does not hold an annual general meeting and this recommendation is therefore not applicable
PRINCIPL	E 5 – MAKE TIMELY AND BALANCED DISCLOSURE		•	
5.1	A listed entity should: (a) have a written policy for complying with its continuous disclosure obligations under the Listing Rules; and (b) disclose that policy or a summary of it.	 our continuous disclosure compliance policy or a summary of it: □ in our Corporate Governance Statement <u>OR</u> □ at <u>www.capitolhealth.com.au/corporate-governance/</u> 		an explanation why that is so in our Corporate Governance Statement
PRINCIPLE 6 – RESPECT THE RIGHTS OF SECURITY HOLDERS				
6.1	A listed entity should provide information about itself and its governance to investors via its website.	information about us and our governance on our website: at www.capitolhealth.com.au/corporate-governance/		an explanation why that is so in our Corporate Governance Statement
6.2	A listed entity should design and implement an investor relations program to facilitate effective two-way communication with investors.	 the fact that we follow this recommendation: ☑ in our Corporate Governance Statement <u>OR</u> ☐ at [insert location] 		an explanation why that is so in our Corporate Governance Statement
6.3	A listed entity should disclose the policies and processes it has in place to facilitate and encourage participation at meetings of security holders.	our policies and processes for facilitating and encouraging participation at meetings of security holders: in our Corporate Governance Statement OR at [insert location]		an explanation why that is so in our Corporate Governance Statement <u>OR</u> we are an externally managed entity that does not hold periodic meetings of security holders and this recommendation is therefore not applicable
6.4	A listed entity should give security holders the option to receive communications from, and send communications to, the entity and its security registry electronically.	the fact that we follow this recommendation: ☑ in our Corporate Governance Statement <u>OR</u> ☐ at [insert location]		an explanation why that is so in our Corporate Governance Statement

Corpora	te Governance Council recommendation	We have followed the recommendation in full for the whole of the period above. We have disclosed	We have NOT followed the recommendation in full for the whole of the period above. We have disclosed \dots^4
PRINCIP	PLE 7 – RECOGNISE AND MANAGE RISK		
7.1	The board of a listed entity should: (a) have a committee or committees to oversee risk, each of which: (1) has at least three members, a majority of whom are independent directors; and (2) is chaired by an independent director, and disclose: (3) the charter of the committee; (4) the members of the committee; and (5) as at the end of each reporting period, the number of times the committee met throughout the period and the individual attendances of the members at those meetings; or (b) if it does not have a risk committee to committees that	[If the entity complies with paragraph (a):] the fact that we have a committee or committees to oversee risk that comply with paragraphs (1) and (2): ☑ in our Corporate Governance Statement OR ☐ at [insert location] and a copy of the charter of the committee: ☑ at www.capitolhealth.com.au/corporate-governance/ and the information referred to in paragraphs (4) and (5): ☑ in our Corporate Governance Statement AND ☐ in the 2016 Capitol Health Annual Report [If the entity complies with paragraph (b):] the fact that we do not have a risk committee or committees that	an explanation why that is so in our Corporate Governance Statement
	satisfy (a) above, disclose that fact and the processes it employs for overseeing the entity's risk management framework.	satisfy (a) and the processes we employ for overseeing our risk management framework: in our Corporate Governance Statement OR at [insert location]	
7.2	The board or a committee of the board should: (a) review the entity's risk management framework at least annually to satisfy itself that it continues to be sound; and (b) disclose, in relation to each reporting period, whether such a review has taken place.	the fact that board or a committee of the board reviews the entity's risk management framework at least annually to satisfy itself that it continues to be sound: in our Corporate Governance Statement OR at [insert location] and that such a review has taken place in the reporting period covered by this Appendix 4G: in our Corporate Governance Statement OR at [insert location]	an explanation why that is so in our Corporate Governance Statement

Corpora	te Governance Council recommendation	We have followed the recommendation in full for the whole of the period above. We have disclosed	We have NOT followed the recommendation in full for the whole of the period above. We have disclosed \dots^4
7.3	A listed entity should disclose: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	[If the entity complies with paragraph (a):] how our internal audit function is structured and what role it performs: ☑ in our Corporate Governance Statement OR ☐ at [insert location] [If the entity complies with paragraph (b):] the fact that we do not have an internal audit function and the processes we employ for evaluating and continually improving the effectiveness of our risk management and internal control processes: ☐ in our Corporate Governance Statement OR ☐ at [insert location]	an explanation why that is so in our Corporate Governance Statement
7.4	A listed entity should disclose whether it has any material exposure to economic, environmental and social sustainability risks and, if it does, how it manages or intends to manage those risks.	whether we have any material exposure to economic, environmental and social sustainability risks and, if we do, how we manage or intend to manage those risks: in our Corporate Governance Statement OR at [insert location]	an explanation why that is so in our Corporate Governance Statement

Corporate Governance Council recommendation		We have followed the recommendation in full for the whole of the period above. We have disclosed	We have NOT followed the recommendation in full for the whole of the period above. We have disclosed \dots^4
PRINCIP	LE 8 - REMUNERATE FAIRLY AND RESPONSIBLY		
8.1	The board of a listed entity should: (a) have a remuneration committee which: (1) has at least three members, a majority of whom are independent directors; and (2) is chaired by an independent director, and disclose: (3) the charter of the committee; (4) the members of the committee; and (5) as at the end of each reporting period, the number of times the committee met throughout the period and the individual attendances of the members at those meetings; or (b) if it does not have a remuneration committee, disclose that fact and the processes it employs for setting the level and composition of remuneration for directors and senior executives and ensuring that such remuneration is appropriate and not excessive.	[If the entity complies with paragraph (a):] the fact that we have a remuneration committee that complies with paragraphs (1) and (2): in our Corporate Governance Statement OR at [insert location] and a copy of the charter of the committee: at www.capitolhealth.com.au/corporate-governance/ and the information referred to in paragraphs (4) and (5): in our Corporate Governance Statement AND in the 2016 Capitol Health Annual Report. [If the entity complies with paragraph (b):] the fact that we do not have a remuneration committee and the processes we employ for setting the level and composition of remuneration for directors and senior executives and ensuring that such remuneration is appropriate and not excessive: in our Corporate Governance Statement OR at [insert location]	 □ an explanation why that is so in our Corporate Governance Statement OR □ we are an externally managed entity and this recommendation is therefore not applicable
8.2	A listed entity should separately disclose its policies and practices regarding the remuneration of non-executive directors and the remuneration of executive directors and other senior executives.	separately our remuneration policies and practices regarding the remuneration of non-executive directors and the remuneration of executive directors and other senior executives: in our Corporate Governance Statement OR at [insert location]	 □ an explanation why that is so in our Corporate Governance Statement <u>OR</u> □ we are an externally managed entity and this recommendation is therefore not applicable
8.3	A listed entity which has an equity-based remuneration scheme should: (a) have a policy on whether participants are permitted to enter into transactions (whether through the use of derivatives or otherwise) which limit the economic risk of participating in the scheme; and (b) disclose that policy or a summary of it.	our policy on this issue or a summary of it: in our Corporate Governance Statement OR at [insert location]	 □ an explanation why that is so in our Corporate Governance Statement OR □ we do not have an equity-based remuneration scheme and this recommendation is therefore not applicable OR □ we are an externally managed entity and this recommendation is therefore not applicable



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www.capitolhealth.com.au

ABN 84 117 391 812

Corporate Governance Statement 2016

The Board and management of Capitol Health Limited ("Capitol Health" or the "Company") recognise their duties and obligations to shareholders and other stakeholders to implement and maintain a proper system of corporate governance. The Company believes that good corporate governance helps ensure the future sustainability of the Company, adds value to stakeholders and enhances investor confidence.

The ASX Listing Rules require listed companies to prepare a statement disclosing the extent to which they have complied with the recommendations of the ASX Corporate Governance Council ("ASX Recommendations") in the reporting period. The Recommendations are guidelines designed to improve the efficiency, quality and integrity of the Company. They are not prescriptive, so that if a company considers a recommendation to be inappropriate having regard to its own circumstances, it has the flexibility not to follow it. Where a company has not followed all the Recommendations, it must identify which Recommendations have not been followed and give reasons for not following them.

This Corporate Governance Statement ("**Statement**") sets out a description of the Company's main corporate practices and provides details of the Company's compliance with the Recommendations, or where appropriate, indicates a departure from the Recommendations with an explanation.

This Statement is current as at 29 August 2016 and has been approved by the Board of Directors of Capitol Health Limited.

PRINCIPLE 1: LAY SOLID FOUNDATIONS FOR MANAGEMENT AND OVERSIGHT

RECOMMENDATION 1.1 - ROLE OF THE BOARD AND MANAGEMENT

The Board's primary responsibility is to oversee the Company's business activities and management for the benefit of all shareholders, which it accomplishes by:

- setting and monitoring organisational performance and the achievement of the Company's strategic goals and objectives;
- reviewing and approving corporate strategies, the annual budget and financial plans;
- establishing corporate governance and ethical business standards;
- monitoring financial performance and liaising with the Company's external auditor;
- appointing and assessing the performance of the Managing Director (or equivalent), and overseeing succession plans for senior executives;
- reviewing and monitoring the systems of risk management and internal control, codes of conduct and legal compliance;
- ensuring the composition of the Board is appropriate, selecting directors for appointment to the Board and reviewing the performance of the Board and the contributions of individual directors; and
- reporting to and communicating with shareholders.

The Board Charter sets out the functions and responsibilities of the Board of Capitol Health Limited, and is available on the Capitol Health website.

The Board has delegated to the Managing Director ("MD") responsibility for the day-to-day management of the Company, including the overall operational and business management and profit performance of Capitol Health, whilst also managing the Company in accordance with the strategy, plans and policies approved by the Board to achieve agreed goals. The scope of, and limitations to, these delegations re clearly documented and balance oversight with appropriate empowerment and accountability of senior executives.

RECOMMENDATION 1.2 - APPOINTMENT OF DIRECTORS

The Board has procedures for the selection and appointment of new directors and the re-election of incumbent directors, which are set out in a policy document which is available on the Capitol Health website.

All selected candidates for Board positions undergo appropriate background checks before being appointed to the Board. Any Director appointed during the year to fill a casual vacancy or as an addition to the existing Directors must stand for election at the next annual general meeting ("AGM").

A regular assessment is made of the current qualifications, skills, and experience of the directors, as well as the skills, experience and expertise needed to deal with current and emerging issues of the business and to effectively review and challenge the performance of management and exercise independent judgement.

Board support for Directors retiring and seeking re-election is not automatic and is reviewed against criteria based on the Board's current skills and qualities and the current and future needs of the Company. The notice of AGM includes the material information relevant to a decision on whether or not to elect or re-elect a director.

RECOMMENDATION 1.3 - APPOINTMENT TERMS

Non-Executive directors have a written agreement with the Company setting out the terms of their appointment as directors. The Managing Director does not have an employment contract. He is employed under the general terms of the Award that governs the industry sector and the National Employment Standards as appropriate to his position. This arrangement is currently under review. Senior executives are employed under written contractual arrangements.

RECOMMENDATION 1.4 - COMPANY SECRETARY

The Company Secretary is accountable directly to the Board, though the Chair, on all matters to do with the proper functioning of the Board. The Company Secretary's role includes advising the board and its committees on governance matters; monitoring that board and committee policy and procedures are followed; coordinating the timely completion and despatch of board and committee papers; ensuring that the business at board and committee meetings is accurately captured in the minutes; and helping to organise and facilitate the induction and professional development of directors.

All Directors have unfettered access to the Company Secretary and the appointment and removal of the Company Secretary must be made or approved by the Board.

RECOMMENDATION 1.5 - DIVERSITY

Capitol Health recognises the benefits of diversity of gender, age, experience, relationships and background and is proud of the gender diversity record. The Company is particularly pleased to have welcomed Ms Sheffield to the Board during the reporting period.

The health sector has historically attracted a higher proportion of women than other sectors (particularly in technical and support staff roles) and this is consistent with Capitol Health's diversity data. Notwithstanding this overall trend, radiology has historically been a male dominated profession, so Capitol Health is delighted that the number of female radiologists employed has increased steadily over recent years.

A summary of the percentage of female employees is provided below:

Group	Actual 2016
All Employees	74%
All Radiologists	24%
Senior Management Positions	50%
Board positions	25%

The Board does not currently have an established diversity policy, and given the Company's size, the tight labour market for skilled employees for the sector, and the limited number of Board and senior executive positions available, the Company does not expect to develop a formal diversity policy for the near future. However, as and when circumstances warrant, the Board will take into consideration diversity as one of the criteria in formulating decisions.

RECOMMENDATION 1.6 - BOARD PERFORMANCE ASSESSMENT

The evaluation of the performance of the Board, its committees and individual directors is undertaken in accordance with the Performance Evaluation Process (available on the Company's website). With changes to the directors and a new company secretary during the period, the Board has undertaken a continuous performance assessment process, with regular conversations between the Chair and the other directors regarding continuous improvement of both individual and whole of Board performance.

RECOMMENDATION 1.7 - SENIOR EXECUTIVE PERFORMANCE ASSESSMENT

The Performance of the Managing Director was evaluated in accordance with the Performance Evaluation Process (available on the Company's website). Capitol Health conducts informal, ongoing process of staff reviews throughout the year.

PRINCIPLE 2: STRUCTURE THE BOARD TO ADD VALUE

RECOMMENDATION 2.1 – NOMINATION COMMITTEE

The Board has appointed a Nomination and Remuneration Committee, which consists of three members, all of whom are independent directors. The Committee is chaired by Mr Harrison and its other members are Mr Demetriou and Ms Sheffield. All directors have relevant experience as shown in their biographies in the Directors Report.

Details of meetings held by the Committee during the year and member attendances are set out in the 2016 Directors' Report. The Nomination and Remuneration Committee Charter is available on the Capitol Health website.

The primary function of the Nomination and Remuneration Committee is to assist the Board to carry out the following:

- (i) review director competence standards;
- (ii) review Board succession plans;
- (iii) evaluate the Board's performance;
- (iv) make recommendations for the appointment and removal of directors to the Board; and
- (v) make recommendations to the Board on:
 - (a) executive remuneration and incentive policies;
 - (b) the remuneration packages of senior management;
 - (c) recruitment, retention and termination policies for senior management;
 - (d) incentive schemes;
 - (e) superannuation arrangements; and
 - (f) the remuneration framework for directors.

RECOMMENDATION 2.2 – BOARD SKILLS MATRIX

Skill	Current Board Representation
Professional Director Skills	
Risk & Compliance	High
Financial & Audit	High
ASX Governance	Medium
Strategy	High
Business Operations	High
Policy Development	Medium
Capital Markets	Medium
Technology	Medium
People and Performance	High
Executive Management	High
Industry Specific Skills	
Healthcare management experience	Medium
Sales and Marketing	High
Stakeholder Engagement	High
Client Engagement	High
Industry Relations	Medium
Interpersonal Skills	
Leadership	High
Ethics and Integrity	High
Contribution	High
Negotiation	High
Critical Thinker	High
Crisis Management	Medium
Other Aspects to Assess	
Previous Board Experience	Medium
Experienced CEO	High
Corporate History	High

RECOMMENDATION 2.3 – INDEPENDENT DIRECTORS

Capitol Health's Executive Directors and their length of service are:

Executive Director	Period in Office
John Conidi	9 years

Capitol Health's Non-Executive Directors and their length of service are:

Non-Executive Director	Period in Office
Andrew Demetriou	1 year and 9 months
Andrew Harrison	10 years and 8 months
Nicole Sheffield	8 months

The Board recognises the important contribution that independent Directors make to good corporate governance. In accordance with the ASX Recommendations, the Board defines an independent Director as a director who is free of any interest, position, association or relationship that might influence, or reasonably be perceived to influence, in a material respect his or her capacity to bring an independent judgement to bear on issues before the Board or to act in the best interests of Capitol Health and its shareholders.

In assessing independence, the Board had regard to the "Factors relevant to assessing the independence of a director" in Box 2.3 of the ASX Recommendations. Having individually reviewed the position and associations of each of the three Non-Executive directors, the Board has concluded that they are all independent.

In reaching its view regarding Mr Harrison, the Board had regard to his tenure as a director, that he has not held an executive position in the Company since 2007 and that he is not a substantial shareholder of the Company (his shareholding is approximately 0.68% of shares on issue, which the Board does not consider to be a material volume). The Board noted the assistance provided by Mr Harrison to pursue and drive new revenue opportunities for the Company in China was provided via a consultancy services agreement with his company Relentless Corporation Pty Ltd, however the Board noted that agreement was terminable on no notice. The Board considered that Mr Harrison can continuously demonstrated his capacity to bring independent judgement to bear on issues before the board and to act in the best interests of the entity and its security holders generally.

RECOMMENDATION 2.4 – MAJORITY INDEPENDENCE

The Board comprises a majority of independent directors. As set out in the ASX Recommendations, the Board acknowledges that having a majority of independent directors makes it harder for any individual or small group of individuals to dominate the board's decision-making and maximises the likelihood that the decisions of the board will reflect the best interests of the entity and its security holders generally and not be biased towards the interests of management or any other person or group with whom a non-independent director may be associated.

RECOMMENDATION 2.5 – INDEPENDENT CHAIR

The responsibilities of Capitol Health's independent Chairman, Mr Demetriou, include the following, as set out in the Board Charter (available on the Capitol Health website):

- (i) providing leadership to the Board;
- (ii) ensuring the efficient organisation of the Board and conduct of its functions;
- (iii) chairing Board and shareholder meetings;
- (iv) ensuring all directors are briefed on material matters arising at or between Board meetings;
- (v) facilitating effective contributions by all Directors; and
- (vi) promoting constructive and respectful relations among Board members and between Board and management.

RECOMMENDATION 2.6 – INDUCTION, EDUCATION AND TRAINING

New directors are provided with copies of all relevant documents and policies governing the Company's business, operations and management, at the time of joining the Board. The Company is able to provide appropriate professional development opportunities for directors to assist in their roles. Directors are also encouraged to personally undertake appropriate training and refresher courses conducted by the Australian Institute of Company Directors.

PRINCIPLE 3: ACT ETHICALLLY AND RESPONSIBLY

RECOMMENDATION 3.1 – CODE OF CONDUCT

As part of the Board's commitment to corporate governance, the Company has adopted a Code of Conduct to guide Directors and officers in carrying out their duties and responsibilities. The Code of Conduct outlines the obligations incumbent upon each director and officer, including compliance with all corporate governance practices and documents approved by the Board from time to time.

The Code of Conduct also encourages and permits Directors and officers to report to the Chairman any behaviour, practice or activity which they believe in good faith is:

- unethical or improper conduct;
- financial malpractice, impropriety or fraud;
- breach of laws or regulations; or
- auditing non-disclosure or manipulation of the external audit process.

The Company will ensure that any Director or officer making such a complaint in good faith will not be mistreated, disadvantaged in their position with Capitol Health or intimidated.

The Code of Conduct is available on the Capitol Health website.

PRINCIPLE 4: SAFEGUARD INTEGRITY IN CORPORATE REPORTING

RECOMMENDATION 4.1 – AUDIT COMMITTEE

The Company has an Audit and Risk Committee comprising three independent, Non-Executive directors, Mr Harrison, Mr Demetriou and Ms Sheffield, and is chaired by Mr Harrison. All directors have relevant experience as shown in their biographies in the Directors Report.

The Audit and Risk Committee Charter (available on the Capitol Health website) sets out the role of the Committee, which includes assisting the Board to:

- (a) review and monitor the integrity of the Company's financial reports and statements;
- (b) monitor the performance and independence of the external auditor; and
- (c) reviewing the consolidated accounts of the company.

It also has risk management and internal control functions as set out under Recommendation 6.1. The number of meetings held and the individual attendances of Committee members at those meetings are disclosed in the 2016 Directors' Report.

RECOMMENDATION 4.2 - ASSURANCES

Prior to approval of the Company's annual financial statements, the Board obtains a declaration from the Managing Director that, in his opinion, the financial records of the Company have been properly maintained and that the financial statements comply with appropriate accounting standards and give a true and fair view of the financial position and performance of the Company, and that the opinion has been formed on the basis of a sound system of risk management and internal control which is operating effectively.

RECOMMENDATION 4.3 – EXTERNAL AUDITOR ATTENDS AGM

The Company's external auditor attends every Annual General Meeting as required by the Corporations Act, and members are allowed a reasonable opportunity at the meeting to ask the auditor questions relevant to the audit, their report and independence, and the accounting policies adopted by the Company.

PRINCIPLE 5: MAKE TIMELY AND BALANCED DISCLOSURE

RECOMMENDATION 5.1 – CONTINUOUS DISCLOSURE POLICY

The Company's Continuous Disclosure Policy is available on the Capitol Health website. This Policy was reviewed and updated during the Period, and it sets out the key obligations of directors and employees in relation to continuous disclosure as well as the Company's obligations under the ASX Listing Rules and the Corporations Act. The Policy also provides procedures for internal notification and external disclosure, as well as procedures for promoting understanding of compliance with the disclosure requirements.

The Board has overarching responsibility for compliance with Capitol Health's continuous disclosure obligations and Board approval is required for certain key matters (as set out in the policy) and matters may be referred to the Board for approval by the Managing Director or the Legal Counsel & Company Secretary. All other matters may be approved by the Managing Director in consultation with the Legal Counsel & Company Secretary and any other members of the Disclosure Committee.

The Board is committed to the promotion of investor confidence by ensuring that trading in the Company's securities takes place in an efficient, competitive and informed market. In accordance with continuous disclosure obligations under the ASX Listing Rules, the Company has procedures in place to ensure that all price sensitive information is identified, reviewed by management and disclosed to the ASX in a timely manner. All information disclosed to the ASX is posted on the Company's website.

PRINCIPLE 6: RESPECT THE RIGHTS OF SECURITY HOLDERS

RECOMMENDATION 6.1 – INFORMATION AND GOVERNANCE

Capitol Health's website at www.capitolhealth.com.au contains key information about the company and its corporate governance practices and policies, as well as biographies of the Board members & Company Secretary. Further information about the business, including biographies of the management team is provided at www.capitalradiology.com.au and www.southernradiology.com.au.

Capitol Health also maintains a separate investor page on its website to provide shareholders with links to annual and interim reports, ASX announcements, presentations and other key information.

RECOMMENDATION 6.2 – INVESTOR RELATIONS PROGRAM

The Company's Continuous Disclosure Policy which is available on the Capitol Health website, sets out its processes regarding interaction with shareholders, media, analysts, investors and the public. Capitol Health commits to dealing fairly, transparently and openly with both current and prospective shareholders and will ensure that it complies with the Continuous Disclosure Policy to ensure that there is no selective disclosure of information.

Shareholders are actively encouraged to take advantage of the benefits of electronic communications.

Shareholders and investors can raise any issues or concerns at any time by contacting the Company by email at investors@capitolhealth.com.au or by writing to the Managing Director or Company Secretary at Level 3, 81 Lorimer Street, Docklands, VIC 3008. Where possible, bearing in mind the Company's obligations under the Corporations Act, the ASX Listing Rules and the Continuous Disclosure Policy, responses will be provided.

RECOMMENDATION 6.3 – SHAREHOLDER MEETING PARTICIPATION

Shareholders are forwarded the Company's Annual Report, if requested (it is otherwise made available on the Company's website), and documents relating to each General Meeting, being the Notice of Meeting, any Explanatory Memorandum and a Proxy Form, and shareholders are invited to attend these meetings. Shareholders may elect to receive communications electronically.

The Board regards the AGM is an important opportunity to communicate with shareholders and it provides a key forum for shareholders to ask questions about the Company, its strategy and performance. At shareholder meetings, the Company will provide an opportunity for shareholders and other stakeholders to hear from and put questions to the Board, management and the external auditor of the Company.

RECOMMENDATION 6.4 – ELECTRONIC COMMUNICATION WITH SHAREHOLDERS

Shareholders are actively encouraged to take advantage of the benefits of electronic communications. Capitol Health is delighted to report that as at 30 June 2016:

- 50.08% of shareholders have registered for at least one eCommunication option; and
- 45.32% of shareholders have elected to receive an electronic Notice of Meeting/Proxy.

PRINCIPLE 7: RECOGNISE AND MANAGE RISK

RECOMMENDATION 7.1 – RISK COMMITTEE

Capitol Health's Audit & Risk Committee also has delegated responsibilities in relation to risk management as set out in the Audit and Risk Committee Charter. Its role includes assisting the Board to:

- (a) review and make recommendations regarding the adequacy and integrity of the Company's risk management framework and system of internal controls; and
- (b) reviewing compliance with relevant laws and regulations.

The Committee comprises three independent, Non-Executive directors, Mr Harrison, Mr Demetriou and Ms Sheffield, and is chaired by Mr Harrison. All directors have relevant experience as shown in their biographies in the Directors Report.

The number of meetings held and the individual attendances of Committee members at those meetings are disclosed in the 2016 Directors' Report.

RECOMMENDATION 7.2 – RISK MANAGEMENT FRAMEWORK

Capitol Health's risk management framework is supported by the Board of directors, management and the Audit and Risk Committee. The Board is responsible for approving and reviewing the Company's risk management strategy and policy. Management are responsible for monitoring that appropriate processes and controls are in place to effectively and efficiently manage risk.

The Board has adopted a Risk Management Policy which sets out the Company's system of risk oversight, management of material business risks and internal control. The Risk Management Policy is available on the Capitol Health website. The Company's risk management framework is reviewed on a periodic basis, and a review was undertaken during the reporting period.

RECOMMENDATION 7.3 – INTERNAL AUDIT

During the reporting period the Company engaged the global firm Protiviti to provide its internal audit function. Protiviti has a direct reporting line to the Audit Committee Chair and attends Audit & Risk Committee meetings to present findings. The internal audit function is an independent and objective assurance and consulting activity designed to add value and improve the Company's operations. It assists the Company to accomplish its objectives, by bringing a systematic and disciplined approach to evaluate and improve the effectiveness and efficiencies of risk management, internal control and governance processes.

Protiviti's responsibilities include the preparation of an Internal Audit Plan ("Plan") including development of project profiles which outline the scope objectives and approach for each project. The Plan is prepared in consultation with senior management and approved by the Audit and Risk Committee. The Plan is continually assessed to ensure that any changes to, or emerging significant risks, are evaluated and factored into the Plan as considered appropriate. At the conclusion of each audit engagement, a written report is issued that presents the objectives and scope, the outcome, and a timetable for actioning issues and recommendations arising from the review.

RECOMMENDATION 7.4 – ECONOMIC, ENVIRONMENTAL AND SOCIAL SUSTAINABILITY RISK

The Company's primary economic risk is its exposure to MBS Schedule fees. The Board does not believe the Company has any material exposure to environmental and social sustainability risks at the present time.

PRINCIPLE 8: REMUNERATE FAIRLY AND RESPONSIBLY

RECOMMENDATION 8.1 – REMUNERATION COMMITTEE

The Board has appointed a Nomination and Remuneration Committee, which consists of three members, all of whom are independent directors. The Committee is chaired by Mr Harrison and its other members are Mr Demetriou and Ms Sheffield. All directors have relevant experience as shown in their biographies in the Directors Report.

Details of meetings held by the Committee during the year and member attendances are set out in the 2016 Directors' Report. The Nomination and Remuneration Committee Charter is available on the Capitol Health website.

The primary function of the Nomination and Remuneration Committee is to assist the Board to carry out the following:

- (i) review director competence standards;
- (ii) review Board succession plans;
- (iii) evaluate the Board's performance;
- (iv) make recommendations for the appointment and removal of directors to the Board; and
- (v) make recommendations to the Board on:
 - (a) executive remuneration and incentive policies;
 - (b) the remuneration packages of senior management;
 - (c) recruitment, retention and termination policies for senior management;
 - (d) incentive schemes;
 - (e) superannuation arrangements; and
 - (f) the remuneration framework for directors.

The Committee comprises three independent, Non-Executive directors, Mr Harrison, Mr Demetriou and Ms Sheffield, and is chaired by Mr Harrison. All directors have relevant experience as shown in their biographies in the Directors Report.

The number of meetings held and the individual attendances of Committee members at those meetings are disclosed in the 2016 Directors' Report.

RECOMMENDATION 8.2 – REMUNERATION POLICIES AND PRACTICES

The Nomination and Remuneration Committee is responsible for determining and reviewing remuneration policies for the directors and executives. If necessary, it obtains independent advice on the appropriateness of remuneration packages given trends in comparable companies and in accordance with the objectives of the Company.

Details of Capitol Health's remuneration practices for its Non-Executive Directors and senior Executives are disclosed in the Remuneration Report in the Company's Annual Report. The Remuneration Report highlights the balance between fixed pay, short term incentive and long term incentives, and includes details of the remuneration paid and the relationship to the Company's performance.

RECOMMENDATION 8.3 – EQUITY BASED REMUNERATION SCHEME

The Company's Employee Incentive Plan prohibits participants from entering into transactions (whether through the use of derivatives or otherwise) which limit the economic risk of participating in the scheme. It provides that a participant must not enter into any scheme, arrangement or agreement (including options and derivative products) under which the participant, in respect of Awards that remain subject to the Rules:

- a) may alter the economic benefit to be derived from any such Awards, irrespective of future changes in the market price of Shares; and / or
- b) purports to mortgage, pledge, assign, encumber or create security over any interest in any such Awards; and / or
- c) sell, transfer, dispose of, swap, option, alienate the rights or obligations attaching to or otherwise deal with any such Awards.

The Rules further state that where a participant enters, or purports to enter, into any scheme, arrangement or agreement which breaches the above, the Award immediately lapses.