



Ongoing Disclosure Notice

Disclosure of Directors and Senior Managers Relevant Interests

Sections 297(2) and 298(2), Financial Markets Conduct Act 2013

To NZX Limited; and
Name of listed issuer:
Date this disclosure made:
Date of last disclosure:

Vital Healthcare Property Trust
22-Dec-20
16-Oct-20

Director or senior manager giving disclosure

Full name(s):
Name of listed issuer:
Name of related body corporate (if applicable):
Position held in listed issuer:

Paul Dalla Lana
Vital Healthcare Property Trust
N/A
Director of NorthWest Healthcare Properties Management Limited (Manager of Vital Healthcare Property Trust)

Summary of acquisition or disposal of relevant interest (excluding specified derivatives)

Class of affected quoted financial products:
Nature of the affected relevant interest(s):

Ordinary units in Vital Healthcare Property Trust
Paul Dalla Lana has a relevant interest in ordinary units held by (a) NWI NZ Management Company Limited (beneficial owner), (b) NWI Healthcare Properties LP (beneficial owner), (c) NorthWest NZ Finance Holdings Limited (beneficial owner) and NorthWest Healthcare Properties Management Limited (beneficial owner) as a result of each of those entities being wholly owned subsidiaries of NorthWest Healthcare Properties REIT, of which Paul Dalla Lana is the Chairman of the Board of Trustees and holds an approximate 15.4% interest in.

For that relevant interest-

Number held in class before acquisition or disposal:
Number held in class after acquisition or disposal:
Current registered holder(s):

132,389,637
133,279,696
NZGT Security Trustee Limited (128,249,557), Forsyth Barr Custodians Limited (1,505,839), NWI Healthcare Properties LP (50,366) and NorthWest Healthcare Properties Management Limited (2,583,875)

Registered holder(s) once transfers are registered:

NZGT Security Trustee Limited (129,128,121), Forsyth Barr Custodians Limited (1,516,962), NWI Healthcare Properties LP (50,738) and NorthWest Healthcare Properties Management Limited (2,583,875)

Summary of acquisition or disposal of specified derivatives relevant interest (if applicable)

Type of affected derivative:
Class of underlying financial products:

N/A
N/A

Details of affected derivative-

The notional value of the derivative (if any) or the notional amount of underlying financial products (if any):
A statement as to whether the derivative is cash settled or physically settled:
Maturity date of the derivative (if any):
Expiry date of the derivative(if any):
The price specified in the terms of the derivative (if any):
Any other details needed to understand how the amount of the consideration payable under the derivative or the value of the derivative is affected by the value of the underlying financial products:

N/A
N/A
N/A
N/A
N/A
N/A

For that derivative,-

Parties to the derivative:
If the director or senior manager is not a party to the derivative, the nature of the relevant interest in the derivative:

N/A
N/A

Details of transactions giving rise to acquisition or disposal

Total number of transactions to which notice relates:

One

Details of transactions requiring disclosure-

Date of transaction:
Nature of transaction:
Name of any other party or parties to the transaction (if known):
The consideration, expressed in New Zealand dollars, paid or received for the acquisition or disposal. If the consideration was not in cash and cannot be readily by converted into a cash value, describe the consideration:
Number of financial products to which the transaction related:
If the issuer has a financial products trading policy that prohibits directors or senior managers from trading during any period without written clearance (a closed period) include the following details—
Whether relevant interests were acquired or disposed of during a closed period:
Whether prior written clearance was provided to allow the acquisition or disposal to proceed during the closed period:
Date of the prior written clearance (if any):

17-Dec-20
Distribution Reinvestment Plan
N/A
\$2,635,915.07
890,059
No
NA
NA


Certification

I, certify that, to the best of my knowledge and belief, the information contained in this disclosure is correct and that I am duly authorised to make this disclosure by all persons for whom it is made.

Signature of person authorised to sign on behalf of director or officer:

Date of signature:

Name and title of authorised person:


22-Dec-20
Bernard Crotty