



EMVision Medical Devices Ltd
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ASX Release

APPENDIX 4C – 30 SEPTEMBER 2026 QUARTERLY ACTIVITIES & CASHFLOW REPORT

Highlights

- By early October, the Pivotal (Validation) trial surpassed 230 patients across the training and primary analysis cohorts, with the majority of patients recruited to date contributing toward the 300 participant primary analysis target.
- Subsequent to quarter end, Mayo Clinic Florida presented its early clinical experience with emu™ at its 18th Annual Stroke and Cerebrovascular Disease Review (14–17 October 2026). The presentation highlighted compatibility with a busy emergency department and was presented to a national audience of stroke clinicians, underscoring strong clinical engagement.
- EMVision is adding a new feature to emu™ that detects acute ischaemic stroke (where a clot blocks blood flow to the brain). The Company has now defined what this feature will do and the accuracy it must achieve. The feature will be validated within the existing Pivotal Trial, leveraging acute ischaemic stroke data already being collected, with minimal disruption to the trial's execution. FDA feedback on this approach will be sought in the coming months. If successful, emu™ will offer this capability from its first FDA cleared release.
- Stage 1 of the First Responder Mobile Stroke Unit Study successfully completed, meeting its primary usability and workflow objectives. Together with the earlier Royal Flying Doctor Service aeromedical study, the First Responder prototype has been successfully operated across demanding road and air pre-hospital environments.
- Production equivalent First Responder units, that have a lower component count and are materially lighter than the earlier prototypes, are on track for H1 CY27, laying the foundation for the device's path to market.
- Memorandum of Understanding signed with the Australian Stroke Alliance to jointly pursue large scale non-dilutive research and translational funding for pre-hospital stroke diagnosis.
- Strong balance sheet position maintained, with cash reserves of \$18.1m as at 30 September 2026, up from \$17.1m at 30 June 2026, and \$3.7m in non-dilutive funding remaining under current grant programs.

EMVision Medical Devices Limited (ASX:EMV) ("EMVision" or the "Company") is pleased to lodge the following update and attached Appendix 4C Quarterly Cashflow Report for the period ended 30 September 2026.

EMVision is an Australian MedTech developing and commercialising neurodiagnostic technology. Its portfolio comprises portable, cost effective, easy-to-use, non-ionising brain scanners: a bedside device (emu™) and an ultra-lightweight pre-hospital device (First Responder). EMVision's first indication is acute stroke, with a second planned indication in traumatic brain injury (TBI), both are time critical conditions that impose a substantial health and economic burden. Today, diagnosis requires access to a hospital based CT or MRI scanner. By bringing neurodiagnostics to the point of care, EMVision's devices are designed to enable timely triage, transfer and treatment decisions, improving outcomes and reducing the cost of care.

Clinical Program Snapshot and Milestones

Study	Status	Objective	Next milestone(s)	Target timing
emu™ Brain Scanner (in-hospital)				
Pivotal (Validation) Trial	Actively enrolling	Support FDA De Novo clearance (bleed detection, with acute ischaemia detection being added)	Acute ischaemia detection endpoint – FDA engagement and protocol modification	Late CY26 / early CY27
			Completion of primary analysis cohort enrolment (~300 participants)	Early CY27
			Data lock, independent analysis and readout	Mid CY27
			FDA De Novo submission following readout	H2 CY27
Continuous Innovation Study	Actively enrolling	Generate additional training data for algorithm refinement and new features	Progress updates	Q4 CY26 – Q1 CY27
Regional Benefits Study	Upcoming	Demonstrate real-world benefit of emu™ in regional hospitals, including those without ready CT or advanced neuroimaging access	Progress updates	Q4 CY26 – Q1 CY27
First Responder Brain Scanner (pre-hospital)				
Aeromedical Study (RFDS)	Completed	Demonstrate that the prototype First Responder device can be deployed and operated in aeromedical and remote settings	–	–
Data Collection Study	Upcoming, with production-equivalent First Responder	Collect paired scans (First Responder & CT/MRI) to train and test AI models	Establish international data collection clinical network	Q4 CY26 – Q1 CY27
			Production-equivalent First Responder units built	H1 CY27
			Data collection commenced to train/test algorithms (initial diagnostic performance signal)	Mid CY27
Mobile Stroke Unit Study (MSU)	Stage 1 complete, Stage 2 upcoming	Test usability and workflow fit, alongside data collection, in a road-based MSU and at the scene	Stage 2 commencement with production units	H2 CY27
Standard Road Ambulance Study	Upcoming	Deploy production units in a standard road ambulance setting	Study commencement with production units	H2 CY27
Validation / Substantial Equivalence	Upcoming	Demonstrate diagnostic performance to support FDA 510(k) clearance (leveraging emu™ as predicate)	Regulatory engagement on validation design	H2 CY27
Corporate				
Non-dilutive funding and partnerships	Ongoing	Further non-dilutive grant funding and strategic partnerships	Progress updates	Ongoing

Target timings are indicative, subject to change and dependent on factors including enrolment rates and regulatory feedback. Milestones may be achieved earlier or later than targeted, and the Company will update the market as appropriate.

emu™ Brain Scanner (in-hospital)

Pivotal (Validation) Trial

Total recruitment in the emu™ Pivotal (Validation) Trial exceeded 230 by early October 2026. This includes both the training verification cohort and the primary analysis cohort, with the majority of patients recruited to date enrolled in the primary analysis cohort. The multi-centre, prospective, blinded diagnostic trial underpins the planned FDA De Novo submission for EMVision's first commercial product, the emu™ point-of-care Brain Scanner, with a primary objective of demonstrating intracranial haemorrhage detection sensitivity and specificity above 80%.

The primary analysis cohort is designed to enrol 300 suspected stroke participants (150 with intracranial haemorrhage and 150 without). The 300-participant target applies to the primary analysis cohort only and excludes the training verification cohort. Recruitment momentum built through the quarter following the acceleration initiatives introduced, including expanded after-hours coverage, protocol optimisations and the training of additional operators at participating sites, including replacement operators where sites experienced staff turnover. Princess Alexandra Hospital (Queensland) has transitioned from the Continuous Innovation Study and is now actively recruiting into the Pivotal Trial. The Company remains blinded to certain study data until recruitment is completed and the data independently analysed.

As previously advised, additional leading academic medical centres have been referred into the Pivotal (Validation) Trial. Among these, Prisma Health, South Carolina's largest health system and a high volume comprehensive stroke centre, is in late-stage activation. Prisma sits within the south-eastern US "stroke belt," where stroke incidence and mortality are among the highest in the country, aligning the trial footprint with EMVision's go-to-market priorities for the emu™.

EMVision also progressed the regulatory and clinical strategy regarding the addition of ischaemic stroke detection to the trial. In consultation with clinical and regulatory experts, EMVision defined the intended use and associated performance thresholds for the emu™ ischaemic stroke detection feature. An amendment to the pivotal trial will be discussed with the FDA in an upcoming pre-submission (Q-Sub) with a modest incremental increase in sample size anticipated, while leveraging the ischaemic stroke cases that are already enrolled in the study. The ischaemic stroke detection feature expands the emu™ clinical impact, providing reliable identification of ischaemic stroke where current practice relies on access to advanced imaging such as MRI or CT perfusion. Importantly, a national survey of US community emergency departments found that fewer than half reported 24/7 availability of CT perfusion (39%) or MRI (49%), and claims-based analyses suggest most acute ischaemic stroke patients are initially evaluated at hospitals that do not perform CT perfusion at all.

Continuous Innovation Study

The Continuous Innovation Study continued to collect emu™ scan data from suspected stroke and traumatic brain injury patients, with over 190 patients now recruited. John Hunter Hospital, New South Wales and Box Hill Hospital, Victoria are currently recruiting in this study, while The Alfred (Victoria) and The Royal Adelaide Hospital (South Australia) are in advance stages of activation. Every additional scan grows EMVision's proprietary training dataset, the key driver of algorithm development and optimisation, supporting EMVision's intracranial haemorrhage and acute ischaemia detection capabilities alongside future indications including TBI.

Regional Benefits Study

The CRC-P grant-funded emu™ Regional Benefits Study, in partnership with the Australian Stroke Alliance, Titan Pre-Hospital Innovation and South Australia's Rural Support Service progressed during the quarter with site visits undertaken at preferred investigational sites in rural and remote South Australia. EMVision has also developed a structured evaluation plan to demonstrate how effectively the emu™ technology can be implemented in rural settings, showing that it is practical to operate, improves stroke care, is readily taken up by clinicians, performs reliably, and can be sustained beyond the study period.

The study will deploy emu™ devices in regional hospitals that lack ready access to CT, with the aim of demonstrating faster stroke diagnosis and earlier triage, transfer or treatment decisions for patients who would otherwise face long transfers. If successful, this study will provide a framework for replication across regional Australia and similar settings internationally. Feedback from recent international stroke conferences continues to emphasise the diagnostic bottlenecks and disparities in stroke care outcomes in rural and regional areas, including the US. Shortly after the site visits, EMVision further increased its footprint in rural health through exhibition at the Australian National Rural Health Conference in Adelaide. The conference was attended by a diverse range of health professionals, advocates, policy makers and sector organisations with interest in rural health, who enthusiastically welcomed the exhibition of EMVision technology aimed at bridging the rural-urban stroke care gap.

Clinical, Scientific and Industry Engagement

EMVision undertook substantial research dissemination throughout the quarter. EMVision and its research collaborators were selected for 3 podium presentations at this year's Australia and New Zealand Stroke Organisation Conference (ANZSOC) in Brisbane from August 18-21. ANZSOC is the premier stroke conference in the region. Dr. Angela Dos Santos presented EMVision's progress with the First Responder prototype device in Aeromedical and Mobile Stroke Unit settings, as well as the emu™ Pivotal Trial. Dr. Michael Devlin presented the Artificial Intelligence techniques employed by the EMVision brain scanners for the detection and classification of stroke, which is critical to clinician understanding and adoption of the technology.

EMVision also presented a poster detailing the application of the First Responder scanner for TBI detection in combat environments at the Military Health System Research Symposium in Kissimmee, Florida in August. The conference is the Department of War's primary scientific gathering attended by over 3,800 military medical researchers, clinicians, scientists, and industry partners.

Subsequent to quarter end, EMVision and clinical collaborator Dr. Angela Dos Santos presented a further poster detailing the emu™ Pivotal Trial progress at the 18th World Stroke Congress in Seoul, Korea in October.

Subsequent to quarter end, Mayo Clinic Florida presented its early clinical experience with the investigational emu™ brain scanner at the 18th Annual Mayo Clinic Stroke and Cerebrovascular Disease Review (14–17 October 2026). The presentation described the integration of emu™ into Mayo's emergency code stroke workflow, noting compatibility with a busy emergency department environment, operator training of approximately one hour, and no device-related adverse events. The First Responder scanner was also featured in multiple pre-hospital stroke sessions.

Finally, subsequent to quarter end, EMVision attended The MedTech Conference 2026 in Boston in October, hosted by AdvaMed, the premier gathering of the global medtech industry. The Company held productive meetings with the major international medtech companies, reflecting strong interest in EMVision's unique technology and its position in the pre-hospital and bedside stroke care market, with the upcoming Pivotal Trial readout a key point of interest.

First Responder Brain Scanner (pre-hospital)

EMVision continued to advance its First Responder program during the quarter, with multiple pre-hospital feasibility and usability studies completed. These studies, in conjunction with learnings from the emu™ program and engagement with key opinion leaders and end users, have informed the design and development of the production equivalent First Responder units. The design features a lower component count and simplified assembly, is materially lighter than the earlier First Responder prototypes, and is targeted to exceed the diagnostic performance of the emu™. The updated device design and build for the First Responder is on track for 1H CY27 completion, laying the foundation for the device's path to market access.

Stage 1 of the Mobile Stroke Unit (MSU) Study with Ambulance Victoria and The Royal Melbourne Hospital concluded during the quarter, with the First Responder successfully trialled aboard one of the few Mobile Stroke Units in the world and meeting its primary usability and workflow objectives. Stage 1 findings on in-field patient encounters, device preparation and workflow integration have directly informed the design of the next-generation, production-equivalent First Responder units intended for clinical data collection and regulatory testing.

The MSU result follows the successful aeromedical feasibility and usability study with the Royal Flying Doctor Service (May 2026), in which scan data quality was unaffected by flight conditions across 14 transfers to 12 airstrips 125–371 km from Adelaide, and flight-nurse operators rated operation of the device favourably. Together, these studies further de-risk the First Responder program across both air and road pre-hospital environments and support the planned 510(k) regulatory pathway, using the emu™ as the predicate device.

Australian Stroke Alliance MoU

During the quarter, EMVision signed a non-binding Memorandum of Understanding (MoU) with the Australian Stroke Alliance (ASA) to jointly pursue non-dilutive research and translational funding for pre-hospital stroke diagnosis. The MoU builds on the parties' existing collaboration under the Medical Research Future Fund (MRFF) \$40m Stage 2 "golden hour" program, under which EMVision has received \$8m in non-dilutive funding, with a focus on securing comparable continuation funding via the MRFF and other competitive grant schemes.

Strong financial position supports execution through key clinical and regulatory milestones

The Company is well funded with cash reserves of \$18.1 million as at 30 September 2026 (30 June 2026: \$17.1 million). Additional non-dilutive funding is available from existing grant programs (\$3.7m).

During the quarter, the Company received the R&D tax incentive rebate for the year ended 30 June 2026 of \$4.3m (FY25 rebate \$3.8m). FY2026 was EMVision's most active development year to date, with eligible activities spanning the clinical, engineering and product development programs for both the emu™ and First Responder devices.

The refund includes eligible overseas expenditure associated with the emu™ Pivotal (Validation) Trial and related market access activities, in accordance with the Advance Overseas Finding approved by AusIndustry. The Company will be able to access the Australian Government's cash R&D tax rebate on eligible overseas R&D expenditure through to the 2027 financial year, and expects to continue to access the program for eligible FY2027 activities.

During the quarter, the Company also received a \$0.65 million Industry Growth Program progress payment and a \$0.31 million CRC-P grant progress payment.

Net operating cash inflows for the quarter were \$1.008 million, reflecting receipt of the R&D tax incentive rebate and grant payments, and included expenditure on research and development (R&D) activities totalling \$1.004 million (Q4 FY26: \$1.027 million), staff costs \$2.372 million (Q4 FY26: \$1.871 million) and corporate administration costs of \$0.833 million (Q4 FY26: \$0.712 million). Staff costs include EMVision's in-house product development and research teams, with the increase in the quarter due to \$0.148m of employee costs relating to Q2 being paid in Q3, and one-off staff costs incurred during the quarter. External R&D expenditure includes payments to third party regulatory, research and engineering contractors, components and materials for clinical trial devices and ongoing prototyping and product development, and costs for clinical trial activities.

EMVision acknowledges the financial and collaborative support from its grant programs towards commercialisation of the emu™ and First Responder devices. The current grant programs are as follows:

Grant Program	Total Funding	Funding Remaining as at 30 September 2026
Industry Growth Program	\$5.0 million	\$2.2 million ¹
CRC-P Program	\$3.0 million	\$1.5 million ²
Total	\$8.0 million	\$3.7 million

¹ Refer to ASX Announcement "EMVision Awarded \$5m Non-Dilutive Government Grant" on 16 June 2025 for further details. Grant payments will be paid quarterly in advance, based on forecast eligible expenditure, adjusted for unspent amounts from previous payments. Payments are subject to satisfactory progress on the project against agreed activities.

² Refer to ASX Announcement "\$3m CRC-P Grant Executed and First Payment Received for Emu Regional Benefits Study" on 14 October 2025 for further details. Payment of grant instalments is subject to satisfactory progress on the project and compliance by EMVision with its obligations under the Grant Agreement.

As required by ASX Listing Rule 4.7C.3, the Company notes that \$0.299 million was paid to related parties during the quarter (as noted in section 6 of the attached Appendix 4C) and these payments were salaries, Directors fees and superannuation paid to Directors.

Outlook

EMVision enters the December quarter with Pivotal Trial recruitment at a late stage, two successful pre-hospital feasibility studies completed, and a balance sheet strengthened by \$5.2m of non-dilutive funding. Following completion of enrolment, the Pivotal Trial readout represents a major inflection point for the business as a successful result would support the FDA De Novo submission for the emu™, provide the clinical foundation for the First Responder regulatory 510(k) pathway, and position EMVision to transition from a clinical stage to a commercial stage company.

Authorised for release by the Board of the Company.

[ENDS]

For further information, media or investor enquiries, please contact:

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About EMVision Medical Devices

EMVision Medical Devices Limited (ASX:EMV) is an innovative Australian medical device company developing a novel approach to looking inside the human body. Our product pipeline includes portable, non-invasive, affordable and safe neurodiagnostic devices.

Our vision is to help transform and improve the timely diagnosis and treatment of stroke and other time sensitive medical emergencies, at the point-of-care.

EMVision has offices in Sydney and Brisbane www.emvisionmedical.com

About Stroke

Stroke is a medical emergency that occurs when blood flow to part of the brain is interrupted, either by a blocked vessel (ischaemic stroke) or bleeding into the brain (hemorrhagic stroke). The resulting lack of oxygen and nutrients can rapidly damage brain tissue, leading to disability or death if not treated promptly. Different stroke types require different types of care. Early recognition and fast access to diagnosis and appropriate care are critical, as timely intervention can significantly improve outcomes. EMVision is working to make rapid stroke diagnosis possible at the point of care, wherever the patient is.

Forward-looking Statements

This release may contain certain forward-looking statements with respect to matters including but not limited to the financial condition, results of operations and business of EMVision and certain of the plans and objectives of EMVision with respect to these items. These forward-looking statements are not historical facts but rather are based on EMVision's current expectations, estimates and projections about the industry in which EMVision operates, and its beliefs and assumptions. Words such as "anticipates," "expects," "intends," "plans," "believes," "seeks," "estimates", "guidance" and similar expressions are intended to identify forward looking statements and should be considered an at-risk statement. Such statements are subject to certain risks and uncertainties, particularly those risks or uncertainties inherent in the process of developing technology and in the endeavour of building a business around such products and services. These statements are not guarantees of future performance and are subject to known and unknown risks, uncertainties and other factors, some of which are beyond the control of EMVision, are difficult to predict and could cause actual results to differ materially from those expressed or forecasted in the forward-looking statements. EMVision cautions shareholders and prospective shareholders not to place undue reliance on these forward-looking statements, which reflect the view of EMVision only as of the date of this release. The forward-looking statements made in this announcement relate only to events as of the date on which the statements are made. EMVision will not undertake any obligation to release publicly any revisions or updates

to these forward-looking statements to reflect events, circumstances or unanticipated events occurring after the date of this announcement except as required by law or by any appropriate regulatory authority.

Inherent risks of Investment in Medical Device development Companies

There are a number of inherent risks associated with the development of new medical device products to a marketable stage. The clinical trial process, which is often lengthy, is designed to assess the safety and efficacy of a device prior to commercialisation and there is no guarantee of achieving the outcomes necessary to generate a viable commercial product. Other risks include uncertainty of patent protection and proprietary rights, the obtaining of necessary regulatory authority approvals and the evolving competitive landscape. Companies such as EMVision are dependent on the success of their research and development projects, product development and on the ability to attract funding to support these activities. Investment in research and development and novel product development cannot be assessed on the same fundamentals as trading and manufacturing enterprises. Therefore investment in Companies specialising in such development must be regarded as speculative. EMVision recommends that professional investment advice be sought prior to such investments and cautions investors that the risks of an investment in an entity such as EMVision is not limited to the risks disclosed in this announcement.

Appendix 4C

Quarterly cash flow report for entities subject to Listing Rule 4.7B

Name of entity

EMVISION MEDICAL DEVICES LTD

ABN

38 620 388 230

Quarter ended ("current quarter")

30 SEPTEMBER 2026

Consolidated statement of cash flows	Current quarter \$A'000	Year to date (3 months) \$A'000
1. Cash flows from operating activities		
1.1 Receipts from customers	-	-
1.2 Payments for		
(a) research and development	(1,004)	(1,004)
(b) product manufacturing and operating costs	-	-
(c) advertising and marketing	-	-
(d) leased assets	-	-
(e) staff costs including research and development staff	(2,372)	(2,372)
(f) administration and corporate costs	(833)	(833)
1.3 Dividends received (see note 3)	-	-
1.4 Interest received	164	164
1.5 Interest and other costs of finance paid	-	-
1.6 Income taxes paid	-	-
1.7 Government grants and tax incentives		
- R&D Tax Incentive rebate	4,296	4,296
- ASA grant income	-	-
- CRC-P grant income	307	307
- IGP grant income	650	650
1.8 Other (provide details if material)		
- Net GST (paid) / received	(200)	(200)
1.9 Net cash from / (used in) operating activities	1,008	1,008

Consolidated statement of cash flows		Current quarter \$A'000	Year to date (3 months) \$A'000
2.	Cash flows from investing activities		
2.1	Payments to acquire or for:		
	(a) entities	-	-
	(b) businesses	-	-
	(c) property, plant and equipment	(41)	(41)
	(d) investments	-	-
	(e) intellectual property	-	-
	(f) other non-current assets	-	-
2.2	Proceeds from disposal of:		
	(a) entities	-	-
	(b) businesses	-	-
	(c) property, plant and equipment	-	-
	(d) investments	-	-
	(e) intellectual property	-	-
	(f) other non-current assets	-	-
2.3	Cash flows from loans to other entities	-	-
2.4	Dividends received (see note 3)	-	-
2.5	Other (provide details if material)	-	-
2.6	Net cash from / (used in) investing activities	(41)	(41)

3.	Cash flows from financing activities		
3.1	Proceeds from issues of equity securities (excluding convertible debt securities)	-	-
3.2	Proceeds from issue of convertible debt securities	-	-
3.3	Proceeds from exercise of options	-	-
3.4	Transaction costs related to issues of equity securities or convertible debt securities	-	-
3.5	Proceeds from borrowings	-	-
3.6	Repayment of borrowings	-	-
3.7	Transaction costs related to loans and borrowings	-	-
3.8	Dividends paid	-	-
3.9	Other (provide details if material)	-	-
3.10	Net cash from / (used in) financing activities	-	-

Consolidated statement of cash flows		Current quarter \$A'000	Year to date (3 months) \$A'000
4.	Net increase / (decrease) in cash and cash equivalents for the period		
4.1	Cash and cash equivalents at beginning of period	17,104	17,104
4.2	Net cash from / (used in) operating activities (item 1.9 above)	1,008	1,008
4.3	Net cash from / (used in) investing activities (item 2.6 above)	(41)	(41)
4.4	Net cash from / (used in) financing activities (item 3.10 above)	-	-
4.5	Effect of movement in exchange rates on cash held	20	20
4.6	Cash and cash equivalents at end of period	18,091	18,091

5.	Reconciliation of cash and cash equivalents at the end of the quarter (as shown in the consolidated statement of cash flows) to the related items in the accounts	Current quarter \$A'000	Previous quarter \$A'000
5.1	Bank balances	7,741	4,239
5.2	Call deposits	10,000	12,500
5.3	Bank overdrafts	-	-
5.4	Other (provide details) - term deposits for bank guarantees	350	365
5.5	Cash and cash equivalents at end of quarter (should equal item 4.6 above)	18,091	17,104

6.	Payments to related parties of the entity and their associates	Current quarter \$A'000
6.1	Aggregate amount of payments to related parties and their associates included in item 1	299
6.2	Aggregate amount of payments to related parties and their associates included in item 2	-
<i>Note: if any amounts are shown in items 6.1 or 6.2, your quarterly activity report must include a description of, and an explanation for, such payments.</i>		

7.	Financing facilities <i>Note: the term "facility" includes all forms of financing arrangements available to the entity.</i> <i>Add notes as necessary for an understanding of the sources of finance available to the entity.</i>	Total facility amount at quarter end \$A'000	Amount drawn at quarter end \$A'000
7.1	Loan facilities	-	-
7.2	Credit standby arrangements	-	-
7.3	Other (please specify)	-	-
7.4	Total financing facilities	-	-
7.5	Unused financing facilities available at quarter end		-
7.6	Include in the box below a description of each facility above, including the lender, interest rate, maturity date and whether it is secured or unsecured. If any additional financing facilities have been entered into or are proposed to be entered into after quarter end, include a note providing details of those facilities as well.		

8.	Estimated cash available for future operating activities	\$A'000
8.1	Net cash from / (used in) operating activities (item 1.9)	1,008
8.2	Cash and cash equivalents at quarter end (item 4.6)	18,091
8.3	Unused finance facilities available at quarter end (item 7.5)	-
8.4	Total available funding (item 8.2 + item 8.3)	18,091
8.5	Estimated quarters of funding available (item 8.4 divided by item 8.1)	N/A
<i>Note: if the entity has reported positive net operating cash flows in item 1.9, answer item 8.5 as "N/A". Otherwise, a figure for the estimated quarters of funding available must be included in item 8.5.</i>		
8.6	If item 8.5 is less than 2 quarters, please provide answers to the following questions:	
8.6.1	Does the entity expect that it will continue to have the current level of net operating cash flows for the time being and, if not, why not?	
	Answer: N/A	
8.6.2	Has the entity taken any steps, or does it propose to take any steps, to raise further cash to fund its operations and, if so, what are those steps and how likely does it believe that they will be successful?	
	Answer: N/A	
8.6.3	Does the entity expect to be able to continue its operations and to meet its business objectives and, if so, on what basis?	
	Answer: N/A	
<i>Note: where item 8.5 is less than 2 quarters, all of questions 8.6.1, 8.6.2 and 8.6.3 above must be answered.</i>		

Compliance statement

- 1 This statement has been prepared in accordance with accounting standards and policies which comply with Listing Rule 19.11A.
- 2 This statement gives a true and fair view of the matters disclosed.

Date: 26 October 2026.....

Authorised by: By the Board of the Company.....
(Name of body or officer authorising release – see note 4)

Notes

1. This quarterly cash flow report and the accompanying activity report provide a basis for informing the market about the entity's activities for the past quarter, how they have been financed and the effect this has had on its cash position. An entity that wishes to disclose additional information over and above the minimum required under the Listing Rules is encouraged to do so.
2. If this quarterly cash flow report has been prepared in accordance with Australian Accounting Standards, the definitions in, and provisions of, *AASB 107: Statement of Cash Flows* apply to this report. If this quarterly cash flow report has been prepared in accordance with other accounting standards agreed by ASX pursuant to Listing Rule 19.11A, the corresponding equivalent standard applies to this report.
3. Dividends received may be classified either as cash flows from operating activities or cash flows from investing activities, depending on the accounting policy of the entity.
4. If this report has been authorised for release to the market by your board of directors, you can insert here: "By the board". If it has been authorised for release to the market by a committee of your board of directors, you can insert here: "By the [name of board committee – e.g. Audit and Risk Committee]". If it has been authorised for release to the market by a disclosure committee, you can insert here: "By the Disclosure Committee".
5. If this report has been authorised for release to the market by your board of directors and you wish to hold yourself out as complying with recommendation 4.2 of the ASX Corporate Governance Council's *Corporate Governance Principles and Recommendations*, the board should have received a declaration from its CEO and CFO that, in their opinion, the financial records of the entity have been properly maintained, that this report complies with the appropriate accounting standards and gives a true and fair view of the cash flows of the entity, and that their opinion has been formed on the basis of a sound system of risk management and internal control which is operating effectively.