ASX ANNOUNCEMENT **18 September 2023**

INVESTOR WEBINAR PRESENTATION

Melbourne, Australia; 18 September 2023: Cynata Therapeutics Limited (ASX:CYP) ("**CYP**", "**Cynata**" or "**the Company"**) is pleased to invite shareholders to attend an investor webinar hosted by *The Watchlist*, to be held on Tuesday 19 September 2023, at 12:00pm AEST/ 10:00am AWST.

During the webinar, Dr Kilian Kelly (Cynata's CEO & MD) will provide an overview of the Company's strategic direction and clinical development pipeline.

Following the presentation, attendees will have the opportunity to ask questions during a moderated Q & A session.

Attendees are required to register in advance for the webinar – using the following link:

https://us02web.zoom.us/webinar/register/WN_2c9lxYzPRFWM9bkGTwmccQ

The event is free to attend. After registering, attendees will receive an email with login details. A recorded copy of the webinar will be made available following the event.

An updated version of the Company's Investor Presentation is attached to this announcement. The presentation delivered during the webinar will be an abbreviated version of this Investor Presentation.

-ENDS-

Authorised for release by Dr Kilian Kelly, CEO & Managing Director

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Lauren Nowak, Media Contact, +61 (0)400 434 299, littlebigdealconsulting@gmail.com

About Cynata Therapeutics (ASX: CYP)

Cynata Therapeutics Limited (ASX: CYP) is an Australian clinical-stage stem cell and regenerative medicine company focused on the development of therapies based on Cymerus™, a proprietary therapeutic stem cell platform technology. Cymerus™ overcomes the challenges of other production methods by using induced pluripotent stem cells (iPSCs) and a precursor cell known as mesenchymoangioblast (MCA) to achieve economic manufacture of cell therapy products, including mesenchymal stem cells (MSCs), at commercial scale without the limitation of multiple donors.

Cynata's lead product candidate CYP-001 met all clinical endpoints and demonstrated positive safety and efficacy data for the treatment of steroid-resistant acute graft-versus-host disease (GvHD) in a Phase 1 trial. A Phase 2 clinical trial in GvHD under a cleared US FDA IND, as well as trials of Cymerus products in osteoarthritis (Phase 3) and diabetic foot ulcers (DFU) are currently ongoing, while a trial in renal transplant is expected to commence in the near future. In addition, Cynata has also demonstrated utility of its Cymerus technology in preclinical models of numerous diseases, including critical limb ischaemia, idiopathic pulmonary fibrosis, asthma, heart attack, sepsis, acute respiratory distress syndrome (ARDS) and cytokine release syndrome.

Cynata Therapeutics encourages all current investors to go paperless by registering their details with the designated registry service provider, Automic Group.

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A Next Generation Stem Cell Therapeutics Company

Investor Presentation

September 2023

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Company highlights

Cynata is a clinical stage biotech developing its proprietary Cymerus platform technology for the scalable manufacture of mesenchymal stem cell (MSC) therapeutic products to treat serious disorders

Unique Manufacturing

Single donation from a single donor
iPSC strategy overcomes suboptimalities in conventional MSC manufacturing

Strong safety and efficacy

Positive pre-clinical and clinical data supporting versatility and efficacy of Cynata's MSCs; including in world-first iPSC trial in aGvHD Phase 1

Multiple clinical trials

Rich clinical pipeline:

- **aGvHD** (Phase 2)
- **DFU** (Phase 1)
- **Osteoarthritis** (Phase 3)
- **Renal** (Phase 1)

Large addressable market

Combined market opportunity of clinical trials underway and in planning is **~US$28bn**[1]

Well funded

Well-funded to complete planned clinical trials with **~A$16m in cash**[2]

OA and renal trials **fully funded by external partners**

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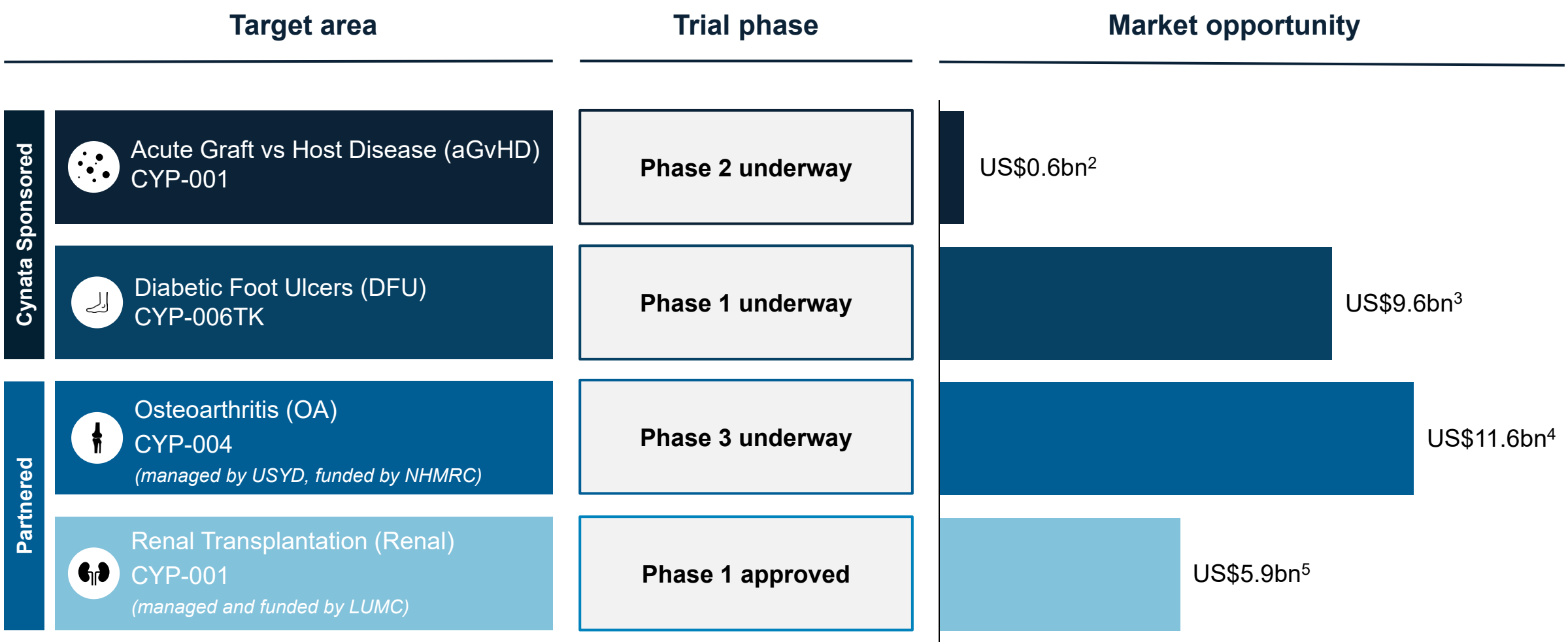
1. Refer to slide #3
2. Cash as at 30 June 2023

Cynata has an advanced and diverse clinical pipeline

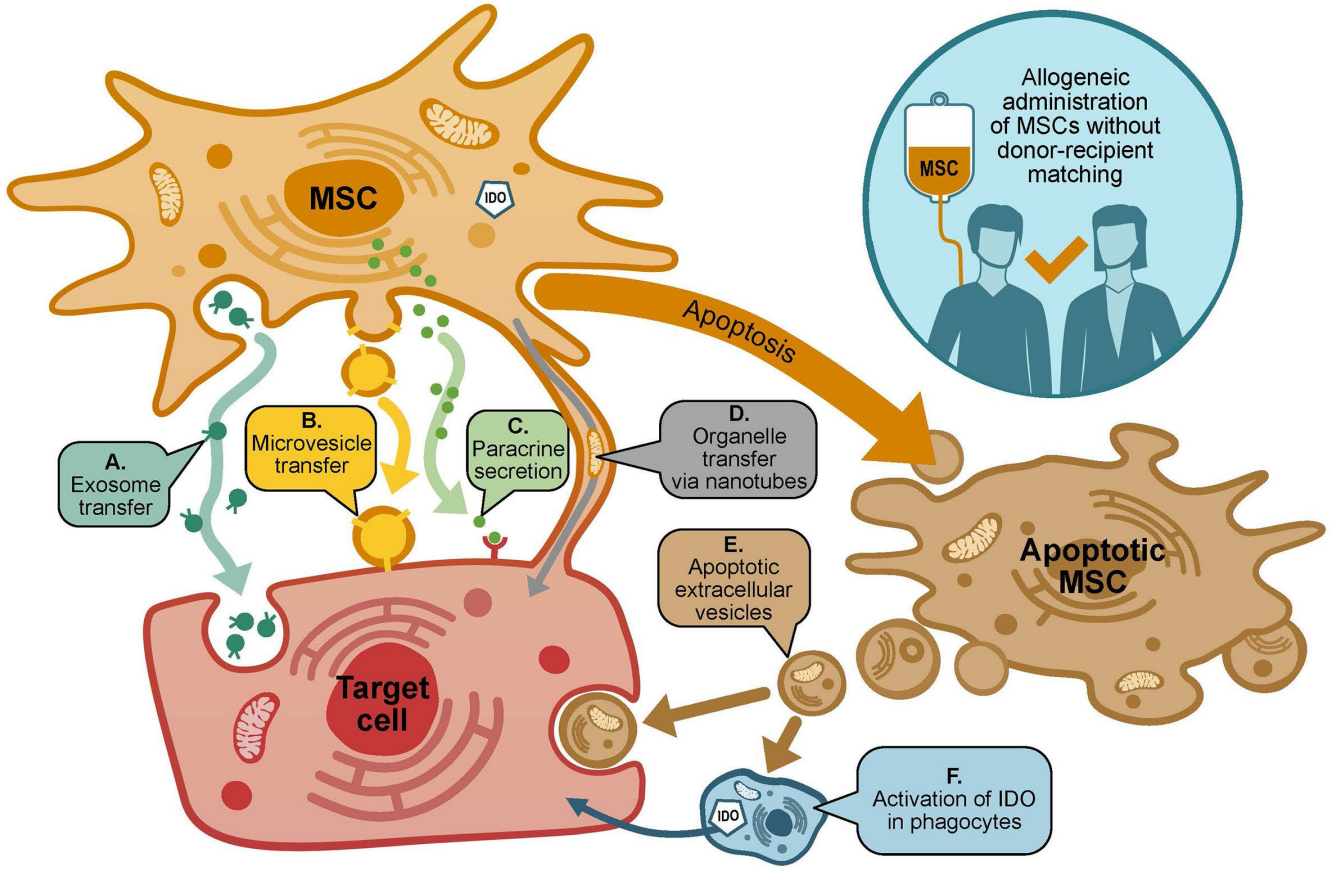


1.Investigational New Drug approval received from the US Food and Drug Administration to commence a Phase 2 GvHD trial; 2. Global Graft versus Host Disease Market 2019-2029 (Reflects forecast market in 2026); 3. Zion Market Research, 2019 (represents global treatment market in 2025); 4. Persistence Market Research 2018 research report: "Osteoarthritis Treatment Market: Global Industry Analysis (2012-2016) and Forecast (2017-2025) (Reflect OA market by 2025); 5. Organ Transplant Immunosuppressant Drugs Market in 2026, Grand View Research, Inc.,2019
USYD = University of Sydney; NHMRC = National Health and Medical Research Council; LUMC = Leiden University Medical Center

Why Mesenchymal Stem Cells (MSCs)?

MSCs play a central co-ordinating role in many of the body's mechanisms of defence, repair and regeneration: the "sensor and switcher of the immune system"[1]

They are able to be used therapeutically without matching the donor and the recipient



*MSCs promote an **imunomodulatory** and **immunoregulatory** environment via multifactorial mechanisms, including secretion of proteins / peptides / hormones; transfer of mitochondria; and transfer of exosomes or microvesicles containing RNA and other molecules*

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1. Aggarwal S, et al. Blood. 2005;105(4):1815-1822
2. Illustration from: Kelly K and Rasko J. Frontiers in Immunology. 12 October 2021

Medical Applications of Mesenchymal Stem Cells

MSCs are the subject of intense development worldwide

Promising potential as medical treatments

MSCs are being developed as potential therapeutic products for diseases including:

- ✓ Diabetes (type 1 and type 2)
- ✓ Heart disease; heart attack
- ✓ Circulatory disease
- ✓ Chronic skin wounds; skin burns
- ✓ Inflammatory joint disease, e.g., arthritis
- ✓ Respiratory disease
- ✓ Stroke
- ✓ Spinal cord injury
- ✓ Liver disease

Global interest in MSCs continues to grow

>1,200[1]

Clinical trials of MSCs have been initiated in the past decade

Approved

MSC products are already marketed in **Asia (including Japan)** and **Europe**

This widespread interest brings into sharp focus the need for a **robust, scalable and economic manufacturing process**

Cynata's uniquely scalable and consistent process overcomes challenges associated with conventional methods of MSC production

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1. www.clinicaltrials.gov (as at September 2023)

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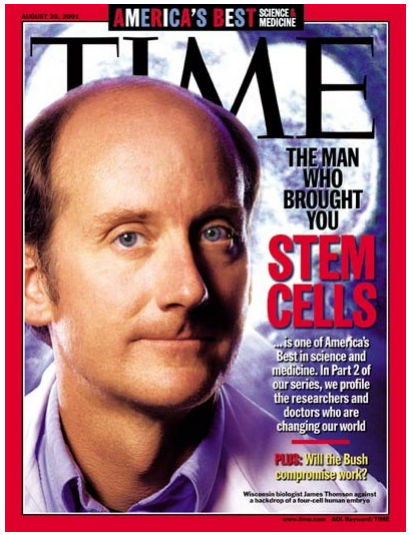
Manufacturing

Cynata's process utilizes induced pluripotent stem cells (iPSCs)

- iPSCs are mature cells from adult donors that are reprogrammed to be capable of:
  - effectively limitless proliferation in cell culture
  - differentiation into any adult cell type (including MSCs)

Thus **an ideal** starting material for cellular production processes

- iPSCs are derived from adult cells, avoiding ethical controversy associated with embryonic stem cells
- Cynata is the most advanced company worldwide developing iPSC-derived cell therapies
- Generation of human iPSCs first reported by two independent groups almost simultaneously:
  - Shinya Yamanaka, Kyoto University (awarded Nobel Prize in 2012)
  - James Thomson, University of Wisconsin-Madison



Cymerus™ iPSC-based manufacturing process

Conventional process

Major challenges include inter-donor variability and functional changes during MSC expansion

Cells donated → **Conventional process** → **MSCs**

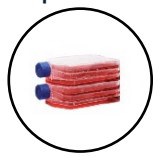
Cells from multiple donors

Substantial variability in starting material

MSC isolation

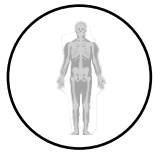
Limited quantity of MSCs obtained per donation

MSC culture expansion



Large number of MSCs required – **extensive** culture expansion

Final product



Cynata's Cymerus™ iPSC-based process

Avoids inter-donor variability and need for extensive MSC expansion

Donation and iPSC production → **Cynata's patented process: Cymerus™** → **MSCs**

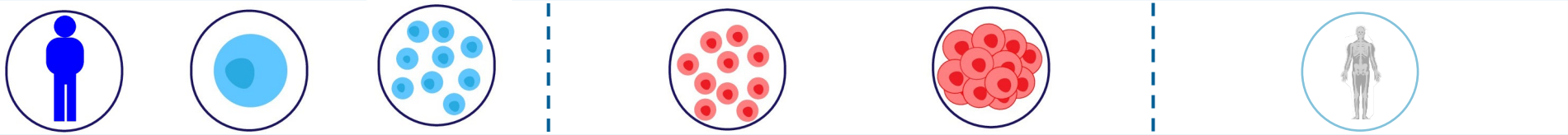
Cells from **one** donor

iPSC expansion

Differentiation into MSCs

MSC culture expansion

Final product



Avoids inter-donor variability

Effectively **limitless** expansion

Minimal MSC culture expansion

iPSC: Induced Pluripotent Stem Cells. iPSC's derived directly from adult cells and can propagate indefinitely.

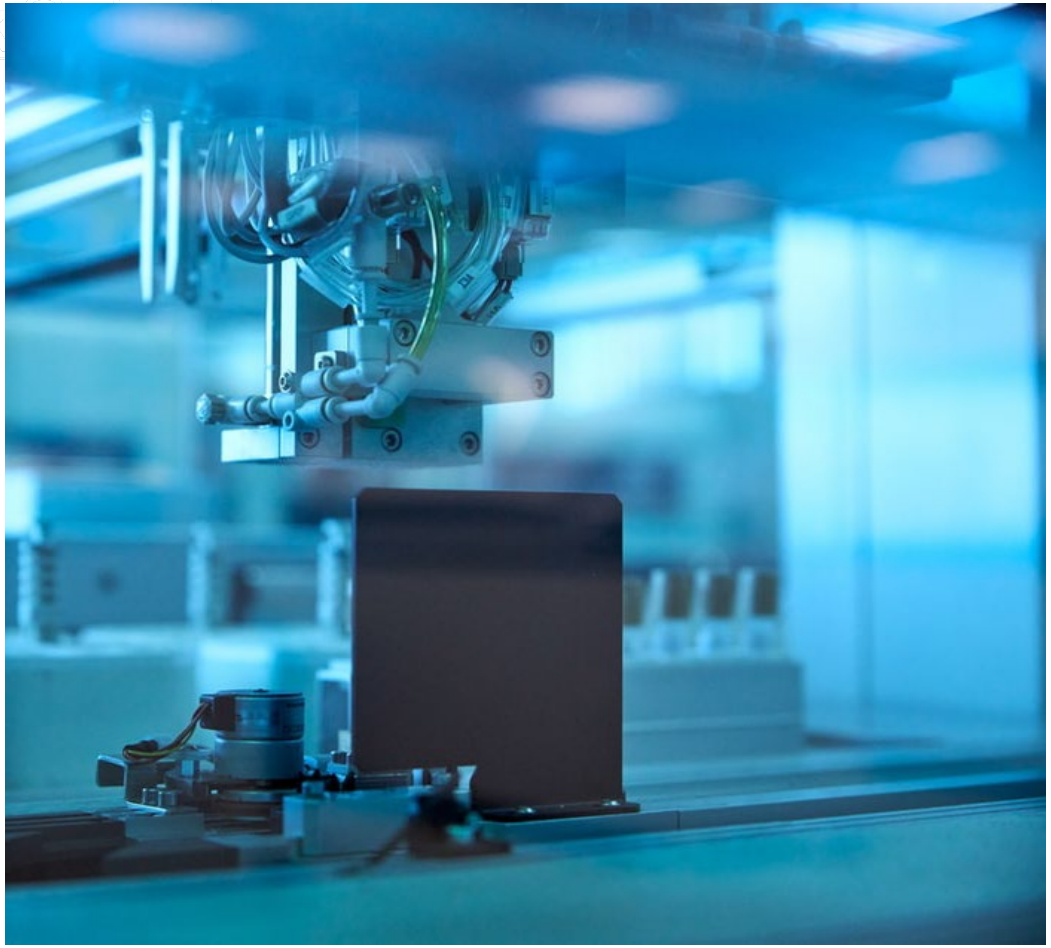
Strategic partnership with Fujifilm provides commercial benefits

Cynata executed a Strategic Partnership Agreement with Fujifilm, with Fujifilm involved in the path to market[1]

Strategic benefits for Cynata

- ✓ Fujifilm is one of the largest conglomerates in the world with a significant network and assets in the biotechnology space and recent multi-billion dollar investments in expanding its business as a comprehensive healthcare company
- ✓ Fujifilm Cellular Dynamics Inc (FCDI: subsidiary of Fujifilm) developed the original iPSC line used in Cynata's Cymerus manufacturing process
- ✓ Parties now working towards establishing Cymerus manufacturing process at FCDI with Cynata's progress showcasing Fujifilm's iPSC platform
- ✓ Significant institutional shareholder; representing a 4.5% shareholding

FUJIFILM
Value from Innovation



SPA: Strategic Partnership Agreement

1. Refer to announcement on 30 September 2021 "Cynata Enters into a New Strategic Partnership with Fujifilm".

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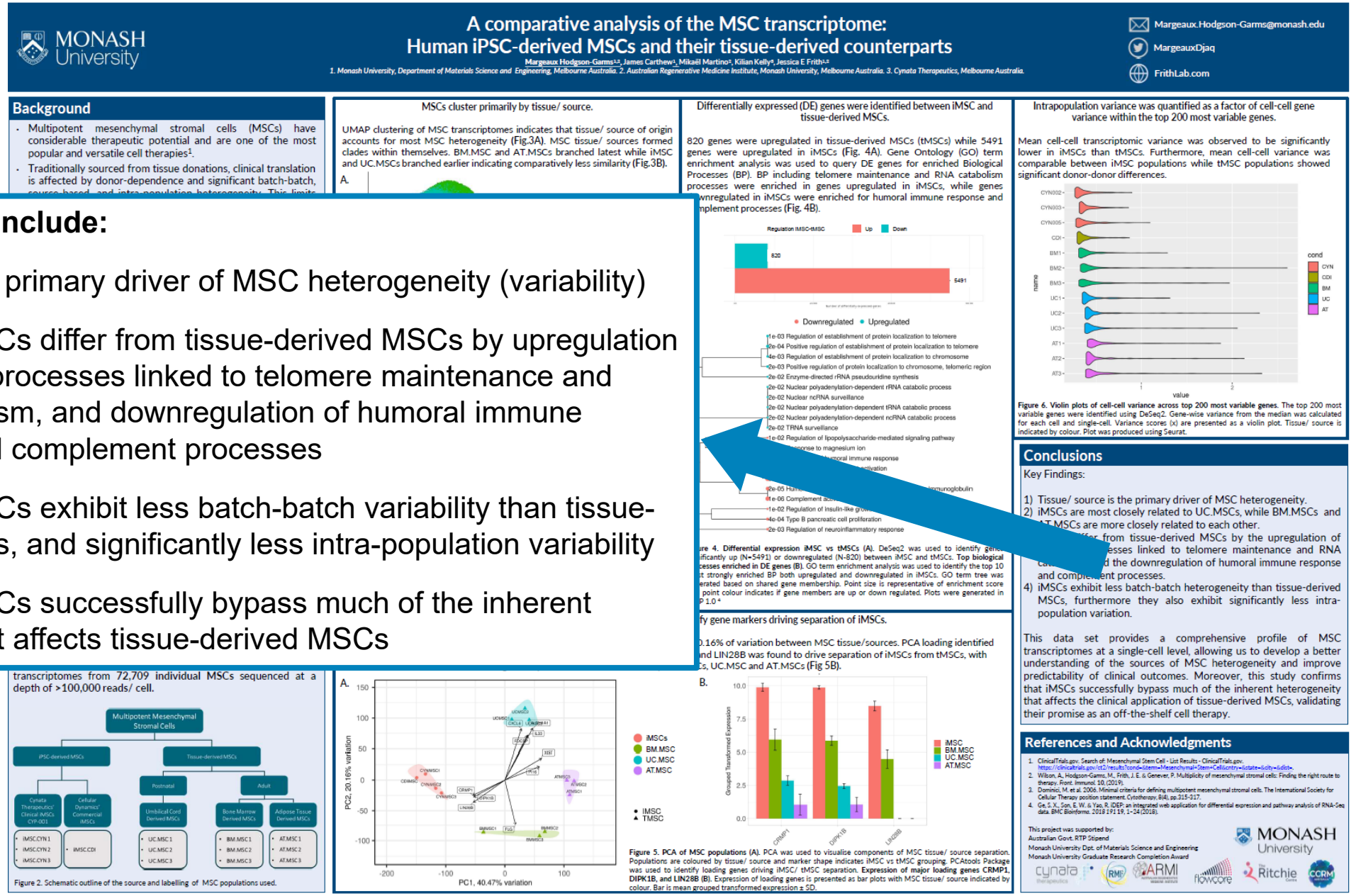
Preclinical Data

MSCs from different sources have different properties



Key Findings include:

- Source is the primary driver of MSC heterogeneity (variability)
- Cymerus MSCs differ from tissue-derived MSCs by upregulation of biological processes linked to telomere maintenance and RNA catabolism, and downregulation of humoral immune response and complement processes
- Cymerus MSCs exhibit less batch-batch variability than tissue-derived MSCs, and significantly less intra-population variability
- Cymerus MSCs successfully bypass much of the inherent variability that affects tissue-derived MSCs

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Efficacy of Cymerus MSCs vs conventional MSCs in AMI model

Key results from a pre-clinical study in rats illustrate that Cymerus MSCs provide better therapeutic effects compared with bone marrow MSCs derived via conventional manufacture

Context

- Pre-clinical rat model of myocardial ischemia-reperfusion (heart attack)
- Rats were randomly assigned to (i) Cymerus MSC group, (ii) Bone Marrow (BM) MSC group and (iii) control

Key Results

	Cymerus MSCs	BM-MSCs (conventional MSCs)
Left Ventricle (LV) function *(Measured by fractional shortening)*	Significantly improved (P = 0.01)	Did not significantly improve (P = 0.63)
Number of capillaries in peri-infarct zone	High (compared to control) (P = 0.001)	High (compared to control) (P = 0.003)
Arteriogenesis in the peri-infarct zone *(increase in the diameter of arterial vessels)*	Enhanced arteriogenesis vs. controls and BM MSCs (P = 0.01)	Did not enhance arteriogenesis

Explanation

- The beneficial effects of MSC transplantation are attributable to the capacity of MSCs to secrete a wide range of cytokines, chemokines and growth factors.
- The degree of expression of a number of relevant cytokines by Cymerus MSCs was **2-4x higher** than by BM-MSCs, which may explain the enhanced neovascularisation exhibited by Cymerus MSCs.

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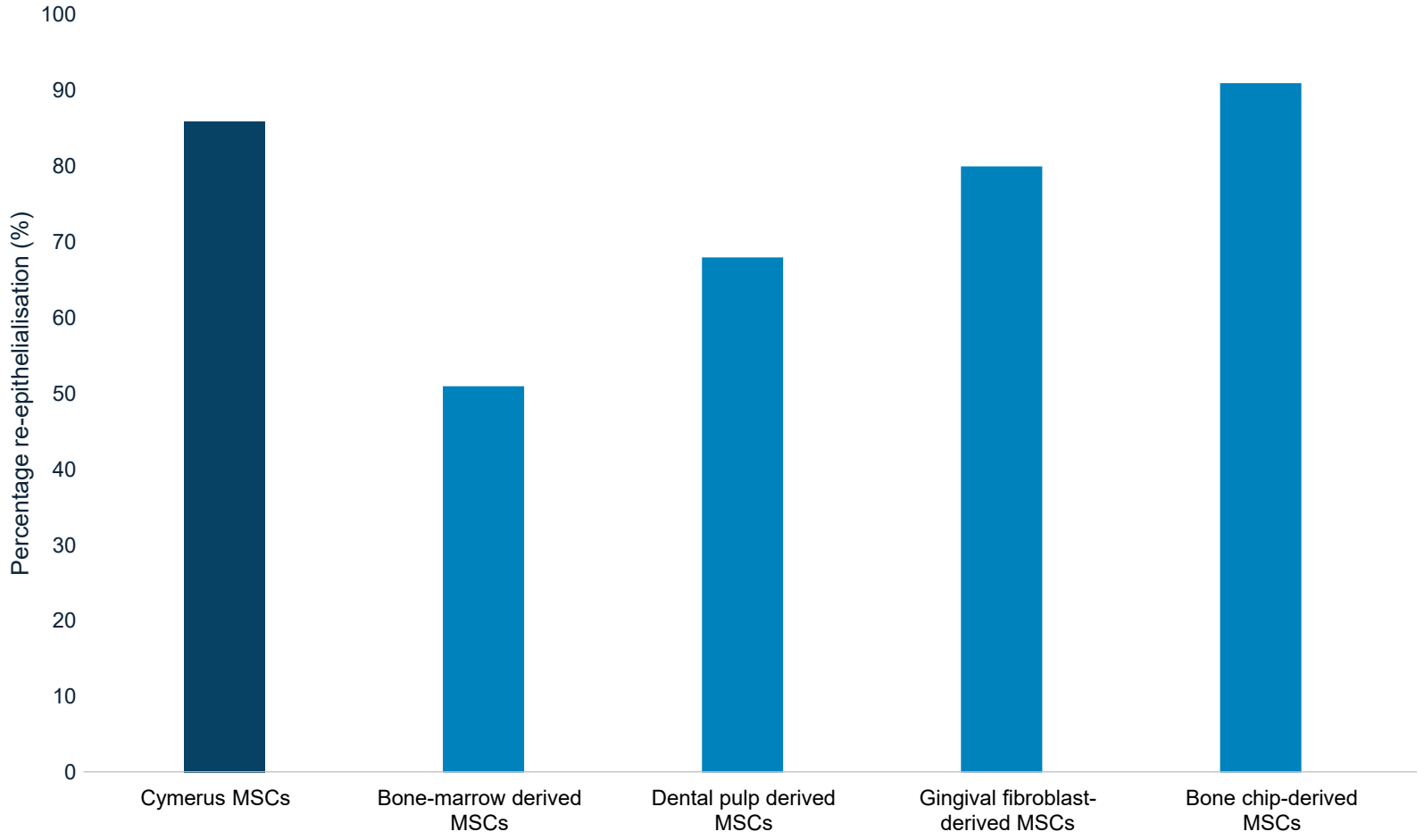
Source: Thavapalachandran et al, 2021 (Pluripotent stem cell-derived mesenchymal stromal cells improve cardiac function and vascularity after myocardial infarction)

Efficacy of Cymerus MSCs vs conventional MSCs in DFU model

Preclinical model of Diabetic Wounds demonstrate efficacy of Cymerus MSCs



Key findings

- Primary outcome measure was the extent of re-epithelialisation (skin restoration) of the diabetic wound surface after 3 days, which is the speed of wound healing
- Comparator MSCs were derived using conventional manufacturing
- Cymerus MSCs resulted in significantly greater re-epithelialisation (86%) compared with bone marrow MSCs (51%)
- Although gingival fibroblasts and bone chip MSCs produced similar results, there are major challenges associated with producing clinical-grade cells from these sources at commercial scale

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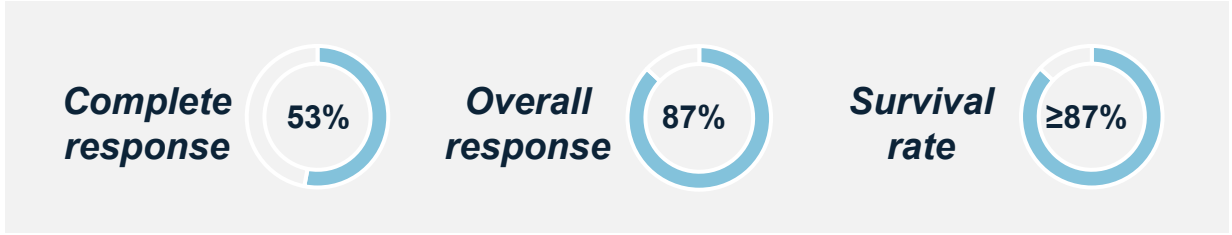
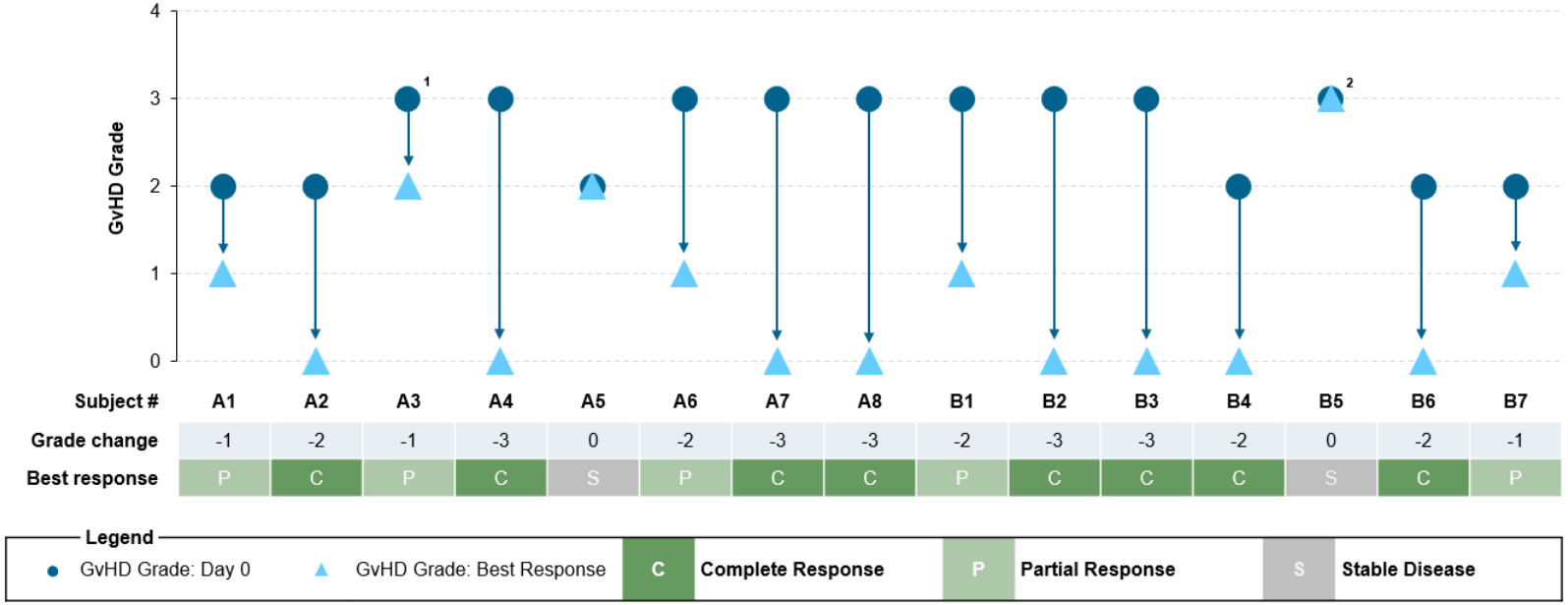
Clinical Trials

GvHD Phase 1: Primary Evaluation Period (up to Day 100)

The first completed clinical trial of an iPSC-derived product



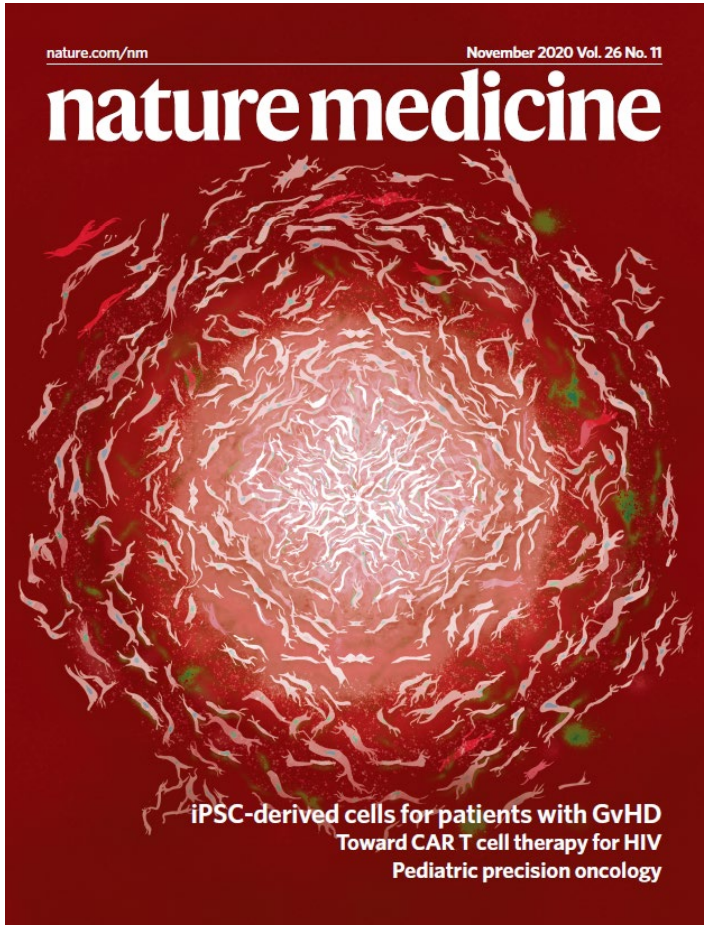


No treatment-related serious adverse events or safety concerns identified

- Subjects received $1x10^6$ cells/kg (max $1x10^8$ cells) or $2x10^6$ cells/kg (max $2x10^8$ cells) by IV infusion on D0 and D7
- Eight subjects were enrolled in each cohort, but one subject in Cohort B withdrew prior to infusion of CYP-001

1. Subject A3 showed a PR at Days 14 and 21 but died due to pneumonia on Day 28
2. Subject B5 withdrew from the trial on Day 22 to commence palliative care
3. Bloor AJC, et al, Nat Med 26, 1720-1725 (2020)

Published in Nature Medicine[3]

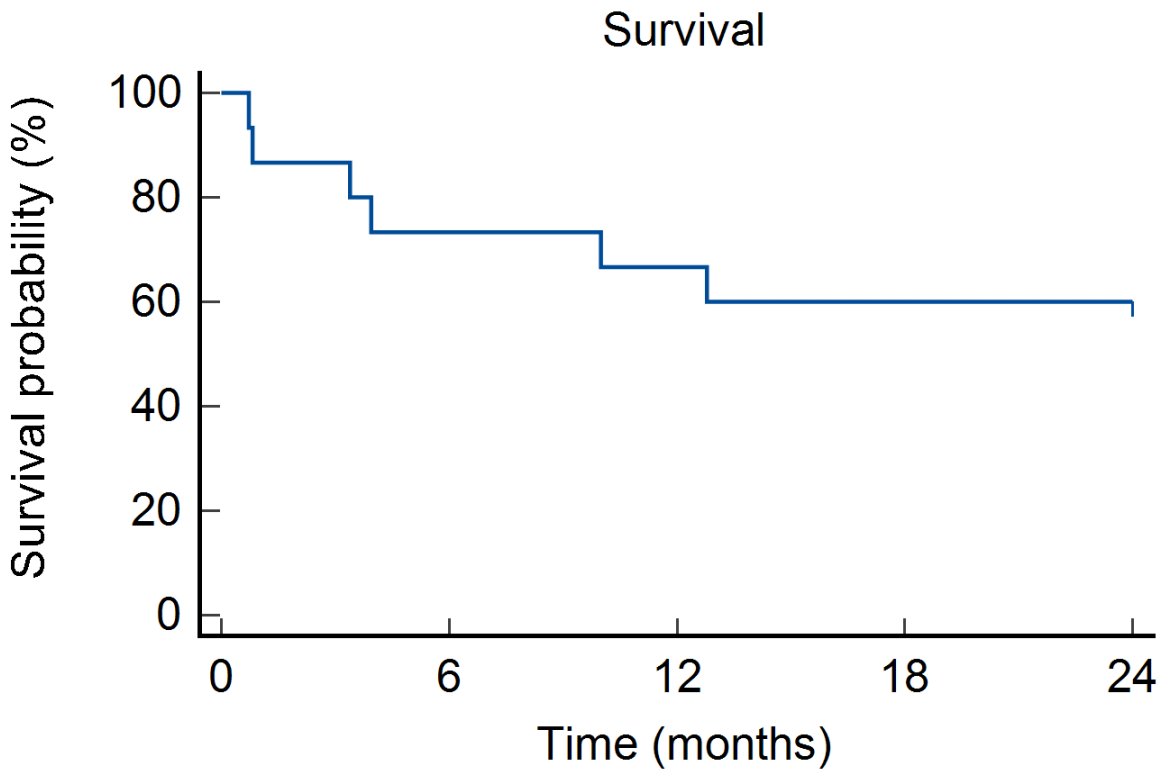


GvHD Phase 1: 2-Year Overall Survival

2-year overall survival (OS) rate in subjects treated with CYP-001 was 60% (9/15 subjects)

- Compares very favourably with previously reported outcomes in SR-aGvHD studies:
  - In the Ph 3 study of ruxolitinib OS at 18 months was just 38% in the ruxolitinib group and 36% in the “best available therapy” control group[1]

    (2-year OS was not evaluable; ruxolitinib is approved by FDA & EMA for SR-aGvHD)
  - Several studies of MSCs from other sources in SR-aGvHD have reported 2-year OS rates ranging from 0-40%[2-8]



1. Zeiser R, et al. N Engl J Med (2020) 382(19):1800–10.
2. Introna M, et al. Biol Blood Marrow Transplant (2014) 20:375–81.
3. Prasad VK, et al. Biol Blood Marrow Transplant (2011) 17(4):534–41.
4. Ringden O, et al. Transplantation (2006) 81:1390–7.
5. Le Blanc K, et al. Lancet (2008) 371:1579–86.
6. Arima N, et al. Cytotherapy (2010) 12:265–8.
7. Von Dalowski, et al. Stem Cells (2016) 34:357–66.
8. Dotoli GM, et al. Bone Marrow Transplant (2017) 52:859–62.

aGvHD | Phase 2 clinical trial

Cynata plans to commence recruitment during the current quarter, with results expected H2 CY 2025

aGvHD

- Acute Graft vs Host Disease (aGvHD) is a complication that can occur after a bone marrow transplant when the donor's immune cells (from the "graft") attack the recipient of the transplant (the "host").

Trial design

- Randomised controlled trial in ~60 patients with high risk aGvHD
- Clinical sites across in USA, Europe and Australia
- Primary objective to assess efficacy of CYP-001 in subjects by Overall Response Rate (ORR) at Day 28

Strategic review

- Currently finalising trial startup activities including securing regulatory and ethics approval – relevant approvals in Australia and the US are secured
- European regulatory approval process ongoing

Timing

- Recruitment commenced August 2023
- Patient recruitment expected to conclude by the end of CY 2024
- Primary evaluation results expected in H2 CY 2025

Key Milestones

Trial design	**Completed**
US IND	**Achieved**
Trial start-up	***Ongoing***
Recruitment + treatment	***Commenced Aug 2023***
Finish recruitment	***Expected Q4 CY 2024***
Results	***Expected H2 CY 2025***

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DFU | Phase 1 clinical trial

High screening failure rate has resulted in slower than expected recruitment, Cynata has undertaken steps to accelerate recruitment rate with enrolment expected to be completed by the end of CY 2023

Diabetic Foot Ulcers

- Diabetic Foot Ulcers (DFU) are sores on the feet of patients with diabetes (also known as diabetic wounds)

Trial design

- 30 patients with DFU will be randomly assigned to receive CYP-006TK or standard care of treatment, over 4 weeks
- The primary outcome measure of the trial is safety, while outcome measures include wound healing, pain and quality of life
- Secondary outcome measures are measured at 12 and 24 weeks

Strategic review

- Slower than expected recruitment driven by unexpectedly high screening failure rate as potential patients failed to meet trial eligibility criteria
- Trial protocol has been updated to address this issue, making it easier for patients to enrol while optimising for likelihood of a positive trial outcome
- Additional centres opened taking the total number of clinical centres to four

Timing

- Patient recruitment expected to conclude in by the end of CY 2023
- Primary evaluation results expected to be released by mid CY 2024

Key Milestones

Sign licence with TekCyte	**Completed**
Ethics approval	**Completed**
Trial start up	**Completed**
Recruitment + treatment	***Underway***
Finish recruitment	***Expected by Q4 CY 2023***
Results	***Expected by mid CY 2024***

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DFU | Initial clinical update

A review has been conducted of the first 6 patients who have completed at least the 28 day follow-up

Patient groups

- Three patients were randomised to Group 1 and were treated with CYP-006TK dressings for 4 weeks (dressings changed twice a week) and then reverted to standard care (SoC)
- Three patients were randomised to Group 2 and were treated with SoC throughout the study

Evaluation criteria

- Clinical assessment of ulcers
- Collection of 3-dimensional clinical photographs utilizing a stereovision camera and image management software to conduct 3D surface area calculations followed by blinded, independent quantitative assessments of the data by QuantifiCare. This is more sensitive and appropriate than 2D assessment *
- Monitoring of tolerability and adverse events

Positive initial data

- Average ulcer size notably decreased in the three patients treated with CYP-006TK compared with patients receiving SoC
- Average rate of ulcer healing was faster in patients treated with CYP-006TK compared with patients receiving SoC
- The study treatment was well tolerated and safe
- Full trial has not yet completed and final results may vary

Initial results are encouraging; suggestive of safety and efficacy of CYP-006TK in chronic wounds

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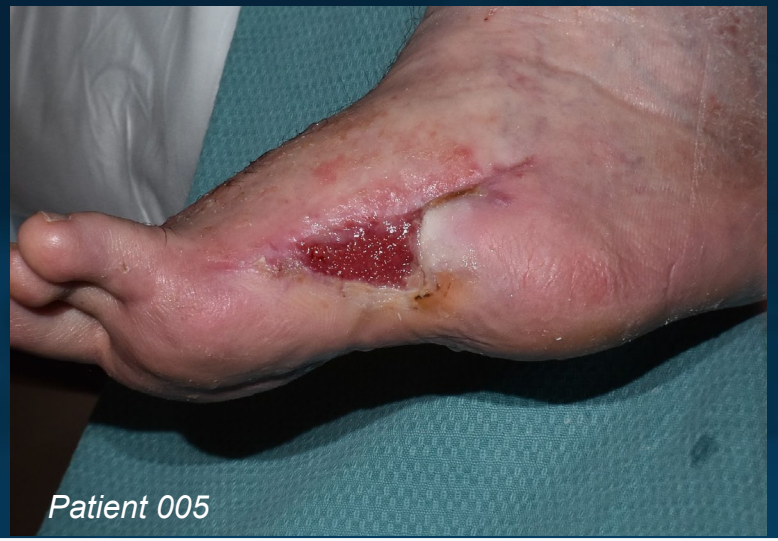
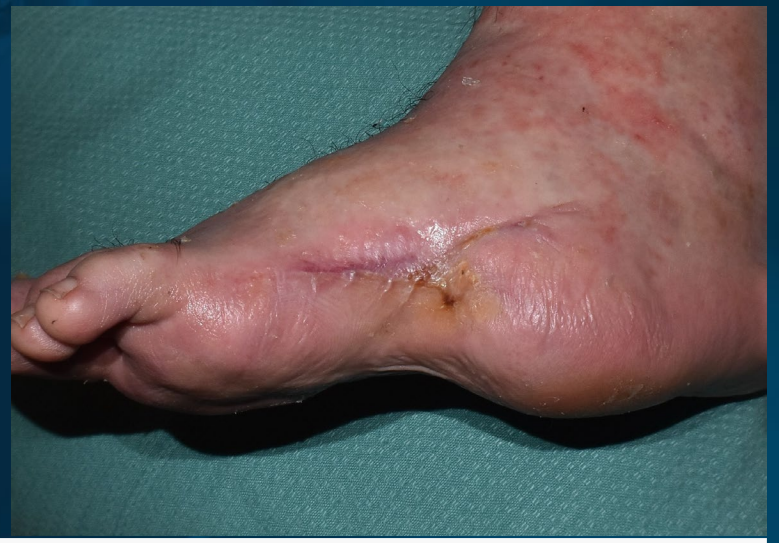
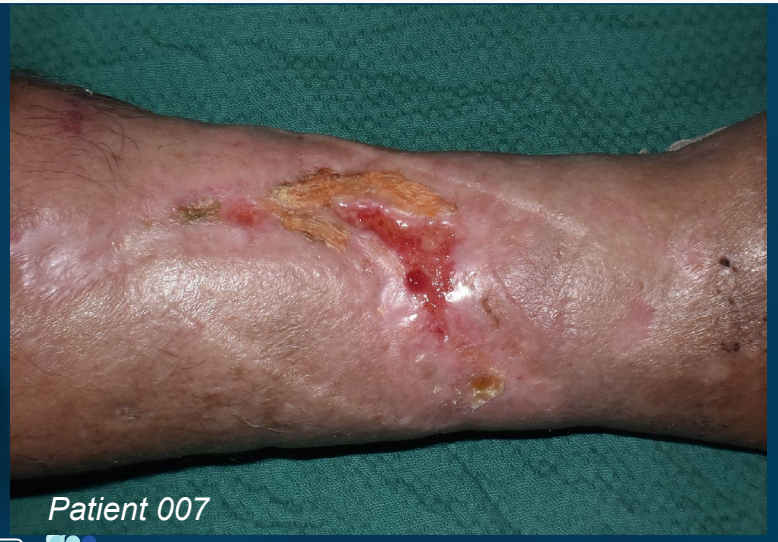
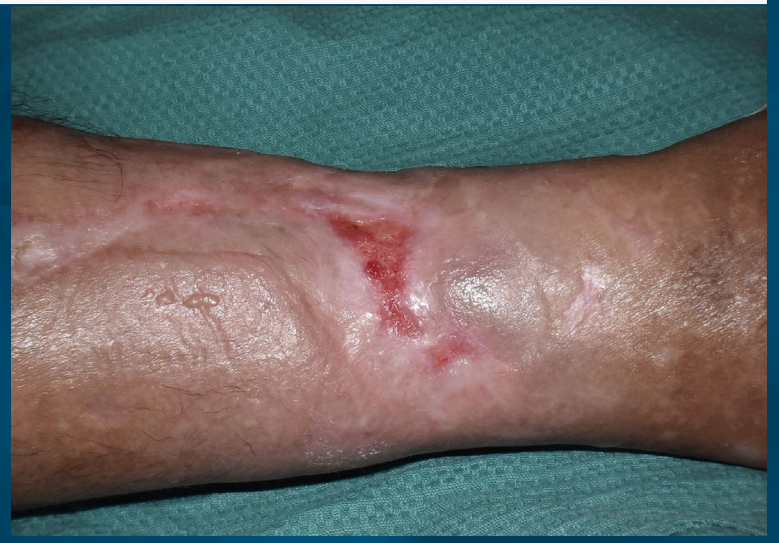
*Davis et al. Journal of Wound Care vol 22, February 2013; Jorgenson et al. Adv Wound Care (New Rochelle) October 2020

DFU | Largest ulcer at baseline from each group

	Day 0	Day 28
CYP-006TK	 *Patient 005*	
SOC	 *Patient 007*	

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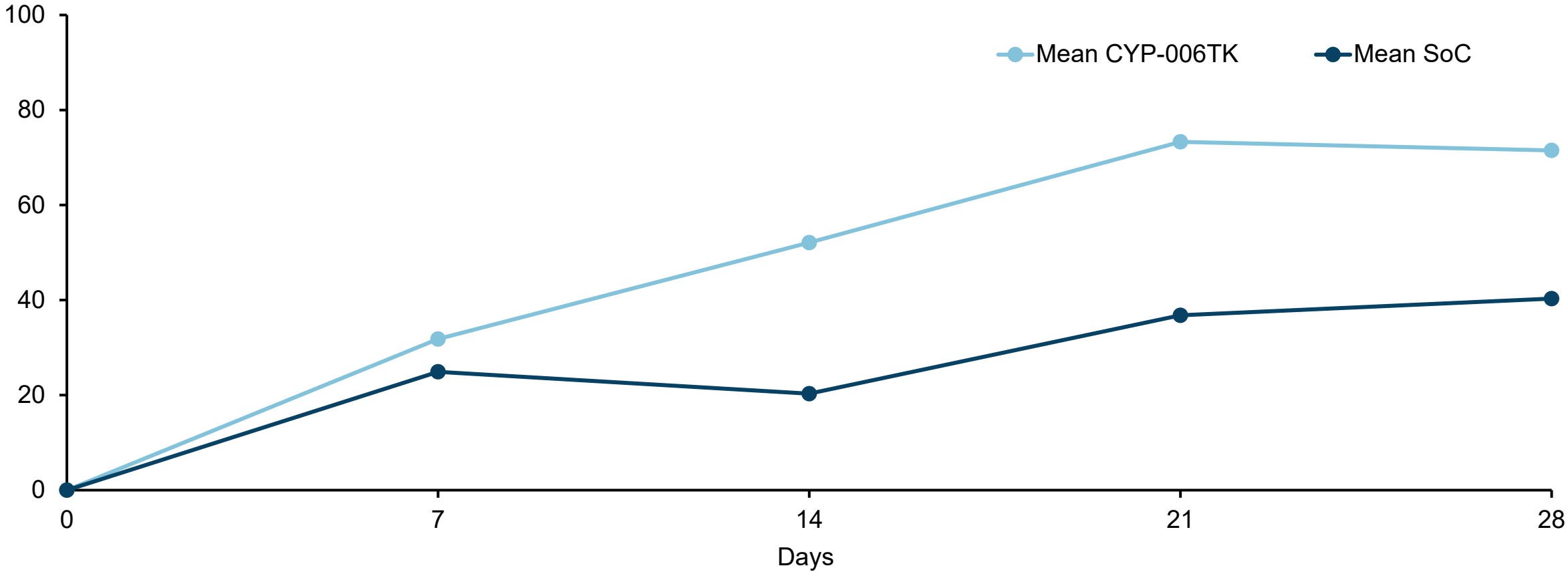
DFU | CYP-006TK treatment data

CYP-006TK has healed more ulcer surface area than standard of care (SoC) at every timepoint of the trial so far

Mean % ulcer surface area healed over time (%)[1]; n=6



1. Mean defined as average ulcer surface area healed for participants in each trial group

OA | Phase 3 clinical trial[1]

Recruitment accelerating and expected to be completed by the end of CY 2023, with evaluation results expected to be released in CY 2026

Osteoarthritis

- Osteoarthritis (OA) occurs when the cartilage in a joint wears away and can cause pain, inflammation, swelling and difficulty with movement

Trial design

- University of Sydney to enrol 440 patients to participate in the randomised, double-blind placebo-controlled trial
- Co-primary endpoints include reduction of knee pain and measure of cartilage loss, secondary outcomes include general pain and quality of life
- Each participant receives three injections of Cymerus MSCs over a year with a 24 months follow-up period

Strategic review

- Recruitment rate was initially slower than expected, largely due to the impact of the pandemic
- The recruitment rate has significantly accelerated during 2023
- Approximately 300 patients are now enrolled in the trial

Timing

- Patient recruitment expected to conclude in late CY 2023 / early CY 2024
- Primary evaluation results expected to be released in H1 CY 2026

Key Milestones

Initial safety follow-up	**Completed**
Recruitment + treatment	***Ongoing***
Finish recruitment	***Expected Q4 CY 2023 / Q1 CY 2024***
Final follow-up (24 months)	***Expected Q4 CY 2025 / Q1 CY 2026***
Results	***Expected H1 CY 2026***

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1. Clinical trial entitled Stem Cells as a symptom – and strUcture-modifying Treatment for medial tibiofemoral OsteoaRthritis: a randomised placebo-controlled trial (SCUlpTOR).

Renal | Phase 1 clinical trial

Clinical trial start up activities with partner Leiden University Medical Center (LUMC) underway, with outcome from regulatory approval process expected during the current quarter

Renal Transplants

- MSCs may reduce or eliminate the requirement for aggressive and toxic anti-rejection drugs, leading to a substantial breakthrough in transplantation medicine

Trial design

- 16 renal transplant patients will receive Cymerus MSCs after transplantation followed by withdrawal of anti-rejection medication
- Primary endpoint is absence of graft loss after 6 months after withdrawal of anti-rejection medication

Timing

- Trial has received regulatory/ethics approval (August 2023)
- expected during the current quarter

Key Milestones

Sign contract with LUMC	**Completed**
Admin approvals	***Underway***
Trial start up activities	***Underway***
Regulatory approval	***Received (Aug 2023)***
Finish recruitment	***TBC***
Results	***TBC***

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Corporate Information

Board & Senior Management

Highly skilled and experienced senior leadership team with decades of experience

Dr Kilian Kelly
Chief Executive Officer & Managing Director

- 20+ years' experience in biopharma R&D
- Previous roles at Biota Pharmaceuticals, Mesoblast, Amgen & AstraZeneca

Dr Geoff Brooke
Independent Non-Executive Chairman

- 30+ years' experience in the healthcare investment industry
- Founder and MD of Medvest Inc and GBS Venture Partners

Dr Paul Wotton
Independent Non-Executive Director

- 30+ years' experience in senior positions of life sciences companies
- Previously President and CEO of Ocata Therapeutics, Inc

Ms Janine Rolfe
Independent Non-Executive Director

- 20+ years legal, governance and management experience across multiple sectors
- Founder of Company Matters

Dr Darryl Maher
Independent Non-Executive Director

- Former Vice President, R&D and Medical Affairs at CSL Behring
- Former President of Australian Pharmaceutical Physicians Association and Director of Vaccine Solutions

Dr David Atkins
Non-Executive Director

- 25+ years' leadership experience in broad range of businesses including Johnson & Johnson and Danaher
- Managing Partner at BioScience Managers

Dr Jolanta Airey
Chief Medical Officer

- 25+ years' experience in respiratory, rheumatology, dermatology, biologicals and listed companies
- Previously Director, Translational Development at CSL

Mr Peter Webse
Company Secretary

- 25+ years company secretarial experience
- MD of Platinum Corporate Secretariat Pty Ltd

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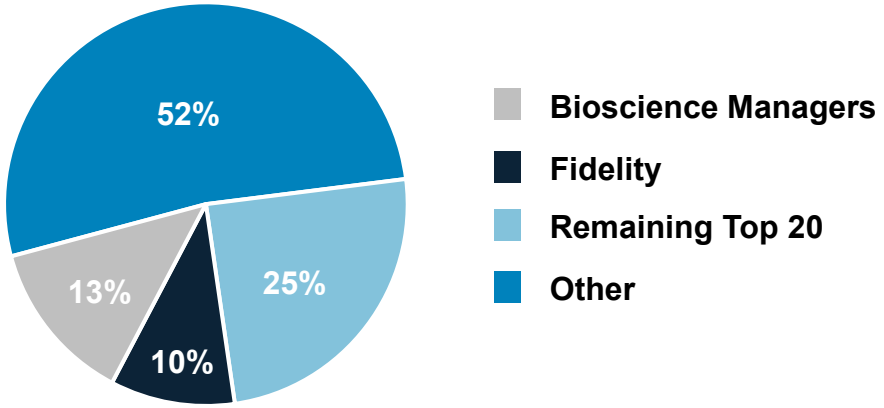
Corporate overview

Cynata has been listed on the Australian Securities Exchange (ASX) since 2013 (Ticker: CYP)

Shareholder distribution



Financial information

Share price (14 September 2023)	A$0.13
Shares on issue	179m
Market capitalisation	**~A$23m**
Cash[1]	~A$16m

Substantial shareholders (>5%)

BioScience Managers — **13.1%**

Bioscience Managers is an international healthcare investment firm headquarter in Melbourne that finances and enables innovative science and technology with the potential to transform healthcare.

Fidelity INTERNATIONAL — **10.0%**

Fidelity International is a world leading investment and asset management firm that invests A$556.7 billion globally on behalf of clients in Asia-Pacific, UK, Europe, the Middle East and South America.

cynata therapeutics

Source: IRESS
1. As at 30 June 2023

Investment summary

Next generation stem cell company	• Market leader in burgeoning stem cell sector • Diverse and highly credentialed leadership team with proven clinical and commercial experience across a range of health sciences at leading institutions
Scalable manufacturing process	• Patented Cymerus manufacturing technology enables commercial-scale production of MSCs from a single donation from a single donor, overcoming multiple issues with today's on-market solutions • Cymerus MSCs have demonstrated higher potency versus conventionally manufactured MSCs
Successful clinical trial results	• All clinical endpoints achieved in Phase 1 trial of Cymerus MSCs in aGvHD, with no safety concerns identified and highly encouraging efficacy data • Highly encouraging initial DFU patient data in chronic wounds
Robust and attractive pipeline	• Broad and diverse clinical stage MSC pipeline with active clinical programs in aGvHD, DFU, OA, and renal transplantation • FDA cleared IND application for Phase 2 aGvHD clinical trial; study open for recruitment
Significant growth potential	• Pipeline has significant commercial opportunities: global estimated market opportunity across targeted indications of ~US$28bn • Continued focus on indications where there is significant unmet need • Proactive B-2-B outreach to drive partnering strategy

Important information

Summary information
This Presentation contains summary information about Cynata Therapeutics Limited and its subsidiaries (**CYP**) which is current as at 14 September 2023. This Presentation should be read in conjunction with CYP's other periodic and continuous disclosure information lodged with the Australian Securities Exchange (**ASX**), which are available at www.asx.com.au.

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Financial data
All financial information in this Presentation is in Australian currency (A$) unless otherwise stated.
This Presentation contains historical financial information based on the Company's results for the quarter year to June 2023. This information is disclosed in the 4C report lodged with ASX on 26 July 2022. Any discrepancies between totals and sums of components in tables and figures in this Presentation are due to rounding.

Forward-looking statements
This Presentation contains certain 'forward looking statements', which can generally be identified by the use of forward looking words such as 'expect', 'anticipate', 'likely', 'intend', 'should', 'could', 'may', 'predict', 'plan', 'propose', 'will', 'believe', 'forecast', 'estimate', 'target', 'outlook', 'guidance', 'potential' and other similar expressions. The forward looking statements contained in this Presentation are not guarantees or predictions of future performance and involve known and unknown risks and uncertainties and other factors, many of which are beyond the control of CYP, its directors and management, and may involve significant elements of subjective judgment and assumptions as to future events which may or may not be correct. There can be no assurance that actual outcomes will not differ materially from these forward looking statements. A number of important factors could cause actual results or performance to differ materially from the forward looking statements. No representation or warranty, express or implied, is made as to the accuracy, likelihood of achievement or reasonableness of any forecasts, prospects, returns or statements in relation to future matters contained in this Presentation. The forward looking statements are based on information available to CYP as at the date of this Presentation. Except as required by law or regulation (including the ASX Listing Rules), CYP and its directors, officers, employees, advisers, agents and intermediaries undertake no obligation to provide any additional or updated information whether as a result of new information, future events or results or otherwise. You are strongly cautioned not to place undue reliance on forward-looking statements, particularly in light of the current economic climate and the significant volatility, uncertainty and disruption caused by the outbreak of COVID-19.

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