Quarterly Activities Report
for the period ending 30 June 2024

Neurotech International Limited (ASX: NTI) ('**Neurotech**', '**NTI**' or '**the Company**') a clinical-stage biopharmaceutical development company focused predominately on paediatric neurological disorders, is pleased to present its activities report for the quarter ended 30 June 2024 (Q4 FY2024), together with its Appendix 4C Quarterly Cash Flow Report.

CLINICAL UPDATES

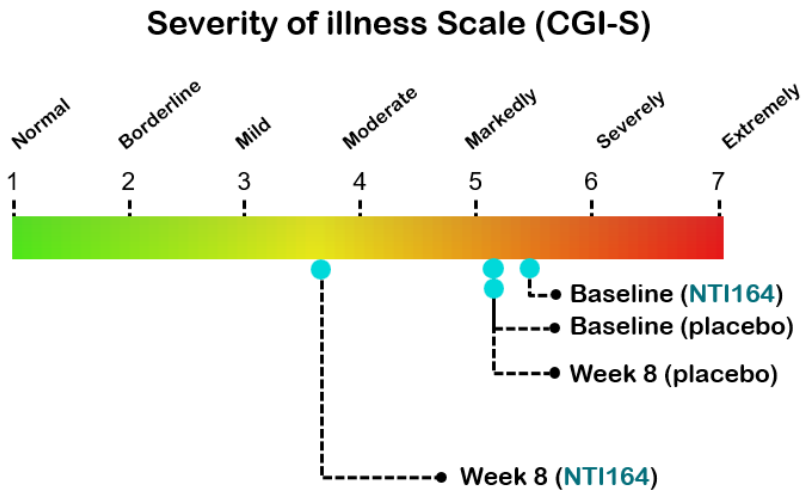
Autism Spectrum Disorder

Phase II/III Clinical Trial "NTIASD2"

On 17 April 2024, the Company released very strong clinical trial results from the randomised, double-blind, placebo-controlled Phase II/III ASD clinical trial of NTI164 versus placebo in Level II and Level III Autism Spectrum Disorder (ASD) patients.

***Professor Michael Fahey, Head of the Paediatric Neurology Unit at Monash Medical Centre and the Chief Investigator of the NTIASD2 Trial**, has shared his thoughts on the clinical trial. He said "The analysis so far of the trial, which compared NTI164 to placebo over 8 weeks of daily treatment, have demonstrated statistically significant and clinically meaningful improvements in the severity of illness and adaptive behaviours such as communication and socialisation without any significant side effects. Currently, there are no FDA or TGA-approved treatments that show clinically significant improvements in one or more of autism's three core symptom domains: communication, impaired social interaction, and restricted behaviours. Therefore, the NTIASD2 clinical trial data look promising, given the substantial unmet market need for safe and effective therapies for autism, like NTI164."*

For the primary endpoint, Clinical Global Impression -Severity of Illness (CGI-S), which reflects a clinician's impression of severity of illness on a 7-point scale ranging from 1=not at all to 7=among the most extremely ill, there was a very strong treatment effect/benefit of -1.65 observed using the CGI-S scale (95% Confidence Interval (CI); -2.3, -1.00) in the NTI164 arm versus placebo at 8 weeks, which was highly significant (p=<0.001).



The key secondary endpoint was Vineland™- an internationally recognised as a leading instrument for supporting the diagnosis of intellectual and developmental disabilities in ASD; specifically adaptive behaviour. Adaptive functioning, which are skills people need to function independently at home, at school and in the community is an important factor in predicting long-term outcomes for people with ASD.

At 8 weeks, the patients' adaptive behaviours as measured by the Vineland™-3 adaptive behaviour scores, showed a significant, clinically meaningful treatment effect/benefit of 3.23 (95% CI; 0.44, 6.02) versus placebo at 8 weeks, which was statistically significant (p=0.024). Examining the three sub-domains of Vineland™-3, all showed clinically important treatment benefits for NTI164 across communication (2.92, p=0.0467), daily living skills (3.56, p=0.0213) and socialisation (3.47, p=0.0475) all of which were statistically significant.

Clinical Global Impression – Improvement (CGI-I) is a 7−point scale that reflects experts' clinical judgment of the patient based on the clinician's total experience with the ASD population graded from 1 (very much improved) to 7 (very much worse). A decrease in CGI-I score indicates improvement.

There was a strong treatment effect/benefit observed of -1.42 (95% CI; -2.0, -0.82) in the NTI164 group versus placebo at 8 weeks, which was highly statistically significant (p<0.001).

At 8 weeks of treatment, the mean CGI-I difference between the NTI164 group and placebo was -1.42, which represents an absolute improvement of 36%. Following 8 weeks of daily treatment with NTI164, 88% of patients showed improvement (versus 43% in the placebo arm) and 46% of NTI164 patients were very much or much improved vs 4% for placebo.

	Very Much Improved	Much Improved	Minimally Improved	No Change	Minimally Worse	Much Worse	Very Much Worse
Scale	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Placebo (week 8)	-	1(4%)	11 (39%)	8 (29%)	4 (14%)	2 (7%)	2 (7%)
NTI164 (week 8)	2 (8%)	10 (38%)	10 (38%)	4 (15%)	-	-	-

The Social Responsive Scale, 2nd Edition (SRS-2) is an internationally recognised tool used to identify social impairment associated with ASD. There was a significant treatment effect in SRS-2 patients between the NTI164 group and placebo at 8 weeks (mean difference of -3.064, 95% CI = -5.781, -0.348, p value =0.028). This reinforces the positive impacts of NTI164 on an important core symptom of ASD; namely social behaviours, including communication.

The conclusions the Company was able to draw from the results can be summarised as follows: *NTI64 has demonstrated a statistically significant and clinically meaningful improvement in ASD across multiple measures of assessments relating to severity of illness, drug-related improvement (CGI-I), adaptive behaviours and socialisation. All patients in the placebo arm of the trial are now eligible to receive NTI164 for a further eight weeks, with all patients able to elect to receive treatment for 52 weeks.*

Phase I/II Clinical Trial "NTIASD1"

On 17 June 2024, the Company announced the 11 patients on the first Phase I/II clinical trial in ASD (NTIASD1) had crossed over two (2) years of daily oral treatment. There were no reportable serious adverse events or adverse events recorded from 90 weeks to the 2-year milestone. Importantly, no patient has dropped-out due to safety or reversal in their clinical improvements that would warrant

withdrawal from treatment. The results continue to reinforce NTI164 as an attractive, long-term therapy for autism.

Rett Syndrome

On 17 April 2024, Neurotech released 'top-line' results for 14 female paediatric patients who completed 12 weeks of daily oral treatment with NTI164 under the Company's Phase I/II clinical trial investigating the use of NTI164 in Rett Syndrome. The data showed a statistically significant difference (improvement) in CGI-1 at 12 weeks versus baseline measures; mean difference of -0.3 (p=0.04). A decrease in CGI-I score indicates improvement.

On 6 May 2024, Neurotech reported further clinical efficacy (primary and secondary endpoint analysis) and the safety results from the trial. With the complete data set available for analysis, Neurotech reported further improvement in CGI-I versus baseline with a mean difference of - 0.4 (95% Confidence Interval (CI) -0.112, -0.681; p = 0.009) across all nine Rett-specific measures.

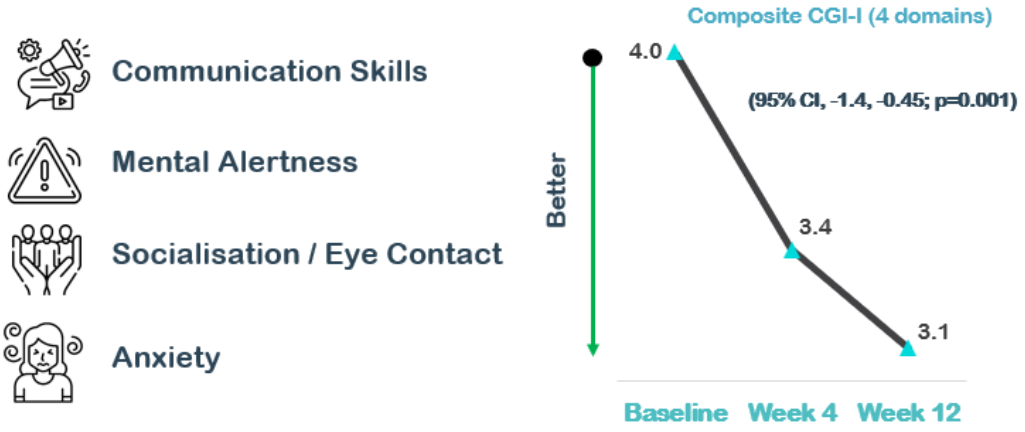
Associate Professor Carolyn Ellaway, Principal Investigator of the NTIRTT1 Clinical Trial, Senior Staff Specialist, The Children's Hospital at Westmead, Sydney Children's Hospital Network said *"The NTIRTT1 clinical trial is the first time a broad-spectrum cannabinoid drug therapy (NTI164) has demonstrated significant patient improvements in Rett Syndrome using validated clinical measures including CGI-I and RSBQ. Our data is very encouraging as we have observed clinically meaningful improvements in those symptoms repeatedly deemed as most important for treating clinicians, caregivers and patients; notably communication, hand behaviours, anxiety/mood and quality of life. These benefits have not compromised patient safety, with NTI164 displaying an excellent safety profile over the 12 weeks of the trial."*

Of the 14 Rett Syndrome patients, as measured by CGI-I across all nine, 50% of patients showed Improvement at 12 weeks with NTI164. 50% were minimally improved, 43% showed no change and 1 patient (7%) was minimally worse.

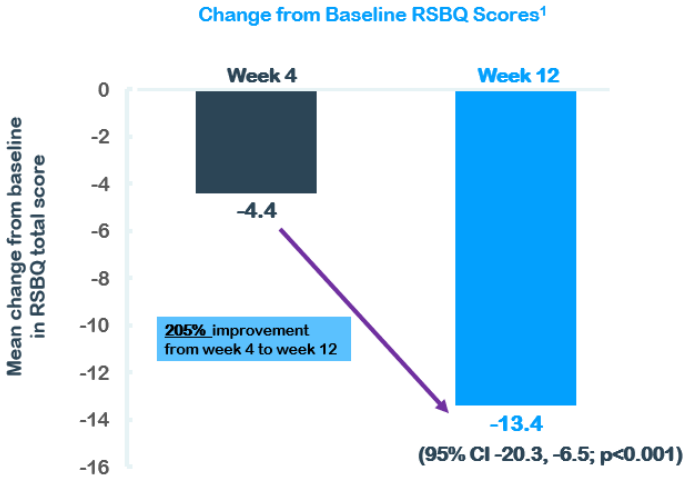
The Company has undertaken an analysis of those specific sub-domains cited by doctors, caregivers as important and where NTI164 showed strong improvements. Neurotech has shown significant improvements in Communication Skills, Mental Alertness, Socialisation / Eye Contact and Anxiety – which will likely form the basis of CGI-I measures for registration-directed studies.

The data showed a composite score for CGI-I (4 core domains per above) improved 23% at 12 weeks (p=0.001). 93% of patients showed Improvement at 12 weeks with NTI164; 57% were minimally improved, 29% much improved and 7% very much improved. One patient (7%) showed no change on these four core measures.

	Very Much Improved	Much Improved	Minimally Improved	No Change	Minimally Worse	Much Worse	Very Much Worse
Scale	1	2	3	4	5	6	7
NTI164 (week 12)	**1 (7%)**	**4 (29%)**	**8 (57%)**	**1 (7%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**



The key secondary measure from the trial was the Rett Syndrome Behavioural Questionnaire (RSBQ). The NTIRTT1 trial showed patients receiving NTI164 showed a 205% improvement in their mean baseline change from week 4 (-4.4) to week 12 (-13.4). Overall, a clinically meaningful 30% decrease in the patients' mean RSBQ total score at 12 weeks was seen (mean difference -13.4; 95% CI -20.3, -6.5), which was strongly statistically significant (p<0.001). At commencement the average RSBQ total score for the patients was 44.6 compared to 31.2 at 12 weeks.



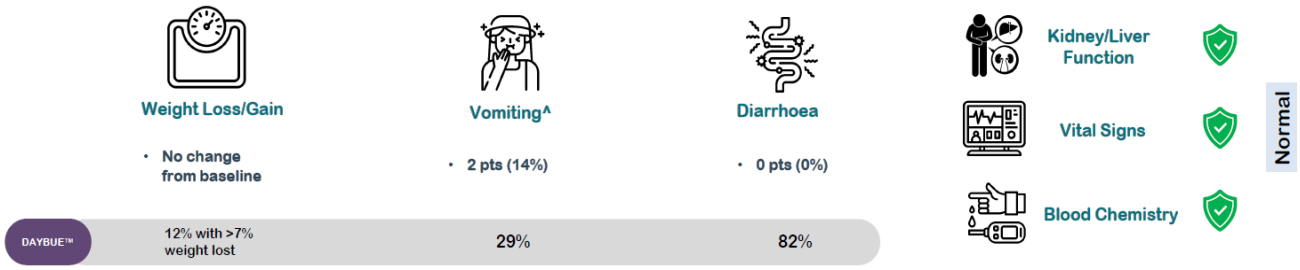
RSBQ Sub Domain Scores

Measure	12 weeks mean diff.	P value
Mood	-4.6	0.001
Breathing	-0.4	0.233
Hands	-2.0	<0.001
Face	-0.8	0.009
Body Rocking	-2.0	0.042
Nighttime	-1.0	0.161
Fear/Anxiety	-1.8	0.02
Walk/Stand	-0.8	0.104

In addition, NTI164 showed a significant improvement in RSBQ sub domains relating to General Mood, Hand Behaviours, Repetitive Face Movements, Body Rocking and Expressionless Face and Fear/Anxiety.

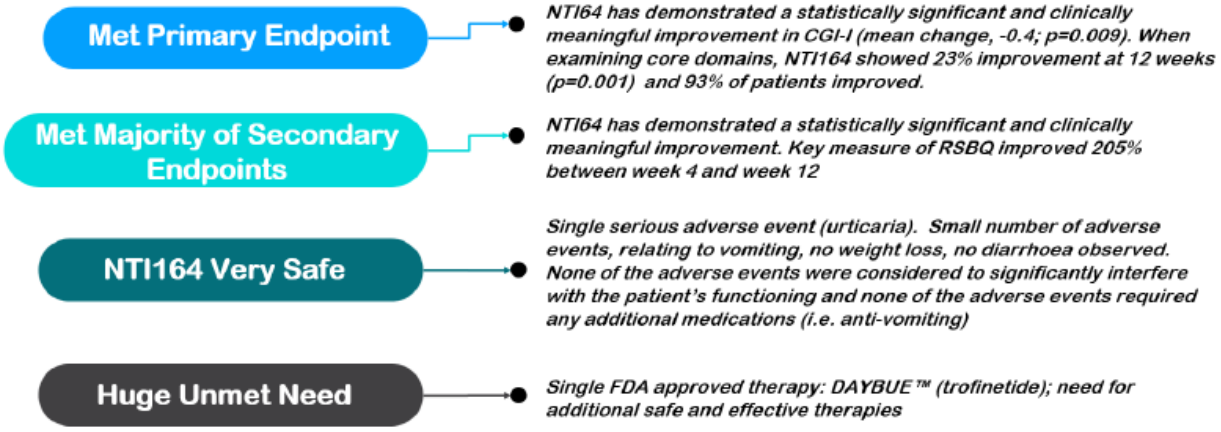
One serious adverse event was reported during the 12 week treatment period, relating to the development of urticaria (hives) in one girl. Urticaria has not been previously observed in any previous and ongoing studies of NTI164.

Zero patients (0%) reported diarrhoea, nausea/vomiting occurred in two patients (14%). Mean weight (kg) was largely unchanged at 12 weeks (0.3 kg gain) versus baseline, indicating overall no weight loss during the treatment period. None of the adverse events required any additional medications (i.e. anti-vomiting, medications). Measurements pertaining to kidney and liver function along with blood chemistries and vital signs were normal over the 12 weeks. No reportable events occurred. The results compared very favourably to DAYBUE™ (trofinetide), the only FDA approved treatment for Rett Syndrome.



In conclusion, for a chronically administered (daily) oral intervention, NTI164 exhibits an excellent safety profile and minimal patient-specific side-effects in Rett Syndrome patients.

The clinical benefits, coupled with the very clean safety profile means the development of NTI164 for Rett Syndrome will be accelerated wherever possible.



A further registration-directed clinical trial is under consideration and further regulatory advice will be sought. As previously announced, all 14 Rett Syndrome patients (100% of trial participants) have elected to receive NTI164 for a total of 52 weeks under the extension phase of the Phase I/II clinical trial. Neurotech expects to collect additional clinical and safety data on these patients through the extension phase.

Rett Syndrome is the second leading cause of intellectual disability in girls, with an urgent medical need to develop safe and effective therapies to treat this progressive neurological disease. Rett Syndrome is an orphan disease with no cure and an annual market opportunity estimated at over US$2 billion[1].

PANDAS/PANS

On 6 June 2024, Neurotech reported further data from the open-label Phase I/II clinical trial of NTI164 in children diagnosed with Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Paediatric Acute-Onset Neuropsychiatric Syndrome (PANS), which showed a continued improvements in patients' clinical symptoms to 52 weeks of daily oral treatment with NTI164.

PANDAS/PANS is a rare neurological disorder predominately in children characterised by an infection-triggered autoimmune response and associated neuroinflammation which results in a sudden, dramatic change in personality, displayed as obsessive-compulsive disorder (OCD), anxiety, tics or

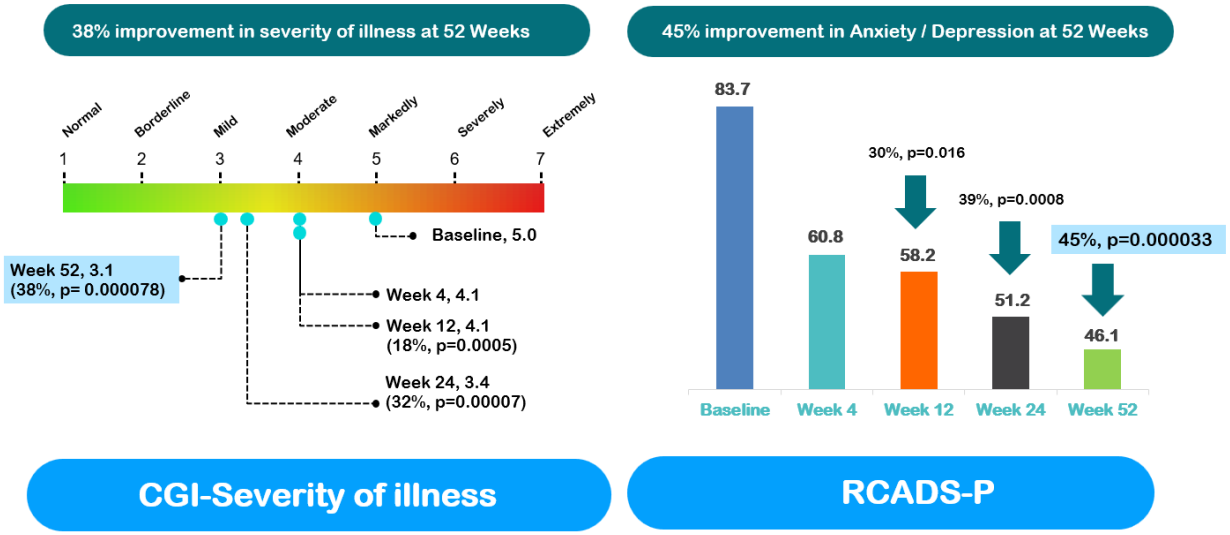
[1] https://www.livewiremarkets.com/wires/a-de-risked-biotech-with-4x-upside

other abnormal movements and personality changes. There are no approved therapies for PANDAS/PANS, globally. Neurotech estimates the annual market for PANDAS/PANS is worth US$1.2 billion.

An analysis undertaken of PANDAS/PANS patients who were treated in the extension phase of the trial (representing 100% / 15 patients who commenced the trial), showed that NTI164 daily use provided further significant improvements in the severity of their illness (38% improvement at 52 weeks versus baseline) and their anxiety and depression as measured by the Revised Child Anxiety and Depression Scale – Parent Version (RCADS-P; 45% improvement at 52 weeks versus baseline). These results are highly significant and clinically meaningful, with children re-classified as mildly ill (versus markedly ill at baseline) with low severity of clinical anxiety/depression (versus high severity at baseline). Between the period of 24 weeks to 52 weeks, there was no additional adverse events recorded in any patients.

A caregiver of patient 008 said "*He is now building a miniature boat - this is something we could never even imagine. Prior to starting the treatment, he wasn't able to sit on his own for more than 10 mins. We are so grateful.*"

A caregiver of patient 002 said "*We are so happy and grateful to be a part of this incredible program. She is able to focus throughout school. She is happy and content and so are we.*"



On 28 June 2024, the Company announced the establishment of an internationally recognised expert advisory group to provide strategic advice to the Company for children diagnosed with PANDAS/PANS.

The advisory group establishment follows initial feedback from the Australian Therapeutic Goods Administration (TGA) on the potential regulatory pathway(s), including provisional registration, available for Neurotech to consider in Australia for NTI164 in PANDAS/PANS, following strong initial Phase I/II clinical trial results observed at 12 weeks (primary endpoint) along with 24- and 52-week data in 15 paediatric patients.

Professor Russell Dale, Professor of Paediatric Neurology, University of Sydney and Children's Hospital at Westmead and Co-Principal investigator of the Neurotech PANDAS/PANS clinical trial will coordinate a team of global PANDAS/PANS experts, namely:

Professor Jennifer Frankovich, Department of Pediatrics - Division of Allergy, Immunology & Rheumatology, Stanford Medicine. The Stanford Immune Behavioral Health Clinic was established in 2012 and is the first multi-disciplinary PANS clinic in the world.

Adj Assoc Prof Terrence Thomas, Head Neurology Service & Senior Consultant Head at KK's Women's and Children's Hospital and Singapore General Hospital, Singapore.

The establishment of the advisory group follows on from a productive pre-submission meeting with the TGA, where Neurotech requested and received non-binding guidance on the Company's planned clinical and regulatory development for NTI164 in PANDAS/PANS from the TGA. This included further insights into potential provisional application criteria for rare/orphan paediatric disorders such as PANDAS/PANS, along with clinical and non-clinical requirements. Professor Dale provided expert input into the diagnostic and treatment criteria for PANDAS/PANS to the TGA as part of the meeting.

A provisional approval pathway allows sponsors to apply for time-limited provisional registration on the Australian Register of Therapeutic Goods (ARTG). It provides access to certain promising new medicines where the TGA has made an assessment that early availability of the treatment outweighs the risk inherent in the fact that additional data are still required. The pathway provides a formal and transparent mechanism for expediting registration of promising new medicines in Australia with preliminary clinical data for sponsors and TGA business areas.

If granted, a provisional registration can save up to two years of development and a provisionally registered prescription medicine may be able to receive reimbursement via the Pharmaceutical Benefits Scheme (PBS) through a Category 1 filing and based on a positive recommendation from the Pharmaceutical Benefits Advisory Committee (PBAC).

Outlook

Neurotech has made excellent progress to date in accelerating the use of NTI164 in a number of paediatric neurological disorders, now having showed statistically significant and clinically meaningful data in three paediatric neurological disorders, two of which are considered rare or "orphan" in nature. The Company now has a significant number of paediatric patients across three neurological disorders who remain on daily NTI164 treatment due to the benefits conferred and excellent safety profile. Further data disclosures will be progressively made throughout the remainder of the 2024 calendar year. The Company is continuing a toxicology program to support future regulatory submissions for NTI164. Neurotech is well funded with cash and cash equivalents of $11.6 million (as at 30 June 2024) to deliver on future clinical and regulatory initiatives.

For the remainder of the 2024 calendar year, Neurotech anticipates:

- Metabologenomic data from Phase I/II PANDAS/PANS Clinical Trial
- Orphan Drug Designations in the USA and Europe for Rett Syndrome and PANDAS/PANS
- Presentation of Phase I/II Rett Syndrome data at international Rett meeting
- Continuing FDA IND / EMA enabling toxicology program
- Commencement of the Phase I/II Cerebral Palsy Clinical Trial
- Publications for ASD Phase I/II + pre-clinical NTI164 results

CORPORATE ACTIVITY

$10.0 Million Capital Raise

On 24 April 2024, Neurotech successfully completed a placement totalling $10,000,000 for the issue of 100 million new shares, with support from existing and new institutional, professional and sophisticated Australian and overseas investors. In addition, the Company issued one free attaching option for every

two new shares under the Placement. MST Financial and Blue Ocean Equities acted as Joint Lead Managers for the Placement ("Attaching Options"). The Attaching Options have an exercise price of $0.16 and an expiry date of 24 April 2026.

Funds raised under the placement will be applied to the Company's further clinical trials (as required), regulatory development work, IND enabling toxicology initiatives, product manufacturing and expansion, costs in relation to the Placement and general working capital.

Strategic Partnership with Fenix Innovation Group

On 10 April, Neurotech announced the signing of a binding term sheet with Fenix Innovation Group ("Fenix"), a leading contract research organisation (CRO) based in Melbourne, Australia. Fenix will work exclusively with Neurotech in the medicinal cannabis field with the development of the Company's broad spectrum cannabinoid drug therapy NTI164 for neurological disorders. Subject to shareholder approval, the Company has agreed to issue 10 million ordinary shares to Fenix (or its nominees). Fenix has agreed to voluntarily escrow the upfront issue of shares for a period of 12 months from the date of issue of the shares.

In addition, and subject to shareholder approval, the Company has agreed to issue Fenix (or its nominees) 50 million performance rights, with vesting conditions based upon the achievement of certain regulatory and commercialisation milestones expected to result in significant value for Neurotech shareholders. This includes orphan drug designations, partnering transactions, and Therapeutic Goods Administration (TGA) approval of NTI164 in Australia over the next three years.

The Company concluded a binding agreement with Fenix on 3 June 2024. The Company intends to schedule an Extraordinary General Meeting (EGM) of shareholders in H2 CY2024 to approve the issue of the above Neurotech shares and the associated performance rights to Fenix.

Board Changes

On 19 April 2024, the Company welcomed the appointment of Mr Robert Maxwell Johnston as a Non-Executive Director. Prior to his non-executive director career, Mr Johnston held the position of President and Chief Executive officer of Johnson and Johnson Pacific, a division of the world's largest healthcare company for 11 years.

In addition, the Company announced the resignation of Mr Winton Willesee as a Non-Executive Director. The Company thanked Mr Willesee for his valuable contributions to the Company during his time in office since his appointment to the board in April 2019.

Mente Device Update

The Board of Neurotech advises that it intends to divest, or wind down, the operations of its wholly owned subsidiaries, AAT Medical Ltd and AAT Research Ltd, being the subsidiaries managing the Company's neurofeedback device, Mente.

The decision to do so has been a difficult one, having regard to the very small number of children using the device to date. However, upon completion of the recent capital raise, the Company undertook a thorough review of its group-wide operations and formed the view that the development and commercialisation of Company's Neurotech's lead broad-spectrum oral cannabinoid drug therapy, NTI164, would be more likely to have a greater impact on the lives of children with autism (and other neurological disorders). And as such, the Company has taken the strategic decision to focus all its resources and capital on NTI64.

Appendix 4C Commentary

During the quarter, the Company recorded total cash operating expenses (excluding revenue sources) of $1.9 million (Q3 FY2024: $1.7 million), consisting of research and development costs of $1.7 million (Q3 FY24: $1.5 million), along with advertising, marketing, staff, administrative, and corporate costs of $0.25 million (Q3 FY24: $0.26 million). Total operating cash outflows for the quarter were $1.95 million (Q3 FY24: $1.7 million). R&D investment during the quarter reflected investment into the Phase II/III ASD clinical trial, and Phase I/II clinical trials in Rett Syndrome, maintenance costs associated with children migrating to extension phases of previous clinical trials, along with drug product manufacturing costs and regulatory development. Cash inflow from financing activities of $9.3 million reflected the $10.0 million capital raise completed during the period less associated fees of $0.7 million (Q3 FY2024: $1.5 million).

The Company closed the quarter with cash and cash equivalents of $11.6 million (Q3 FY24: $4.2 million).

Further, payments to related parties and their associates as detailed in Section 6 of the Appendix 4C relate to director fees ($64,000) and corporate services, accounting and company secretarial fees ($13,000).

Authority
This announcement has been authorised for release by the Board of Neurotech International Limited.

Further Information
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About Neurotech
Neurotech International Limited (ASX:NTI)) is a clinical-stage biopharmaceutical development company focused predominately on paediatric neurological disorders with a broad-spectrum oral cannabinoid drug therapy called NTI164. Neurotech has completed a Phase II/III randomised, double-blind, placebo-controlled clinical trial in Autism Spectrum Disorder (ASD) with clinically meaningful and statistically significant benefits reported across a number of clinically-validated measures and excellent safety. In addition, Neurotech has completed and reported statistically significant and clinically meaningful Phase I/II trials in ASD and Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and Paediatric Acute-Onset Neuropsychiatric Syndrome (PANS), collectively PANDAS/PANS along with Rett Syndrome. Neurotech has received human ethics committee clearance for a Phase I/II clinical trial in spastic cerebral palsy.

For more information about Neurotech please visit http://www.neurotechinternational.com.

Appendix 4C

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

Name of entity	
Neurotech International Limited	
ABN	**Quarter ended ("current quarter")**
73 610 205 402	30 June 2024

Consolidated statement of cash flows		**Current quarter $A'000**	**Year to date (12 months) $A'000**
1.	**Cash flows from operating activities**		
1.1	Receipts from customers	0	2
1.2	Payments for		
	(a) research and development	(1,723)	(6,798)
	(b) product manufacturing and operating costs	0	0
	(c) advertising and marketing	(38)	(196)
	(d) leased assets	0	0
	(e) staff costs	(31)	(169)
	(f) administration and corporate costs	(182)	(982)
1.3	Dividends received (see note 3)	0	0
1.4	Interest received	23	98
1.5	Interest and other costs of finance paid	(2)	(7)
1.6	Income taxes paid	0	0
1.7	Government grants and tax incentives (R&D Rebate)	0	3,175
1.8	Other (GST refunds)	3	383
1.9	**Net cash from / (used in) operating activities**	**(1,950)**	**(4,494)**

2.	**Cash flows from investing activities**		
2.1	Payments to acquire or for:		
	(a) entities	0	0
	(b) businesses	0	0
	(c) property, plant and equipment	0	0
	(d) investments	0	0
	(e) intellectual property	0	0

Consolidated statement of cash flows		Current quarter $A'000	Year to date (12 months) $A'000
	(f) other non-current assets	0	0
2.2	Proceeds from disposal of:		
	(a) entities	0	0
	(b) businesses	0	0
	(c) property, plant and equipment	0	0
	(d) investments	0	0
	(e) intellectual property	0	0
	(f) other non-current assets	0	0
2.3	Cash flows from loans to other entities	0	0
2.4	Dividends received (see note 3)	0	0
2.5	Other (provide details if material)	0	0
2.6	**Net cash from / (used in) investing activities**	**0**	**0**

3.	**Cash flows from financing activities**		
3.1	Proceeds from issues of equity securities (excluding convertible debt securities)	10,000	10,000
3.2	Proceeds from issue of convertible debt securities	0	0
3.3	Proceeds from exercise of options	0	1,760
3.4	Transaction costs related to issues of equity securities or convertible debt securities	(663)	(663)
3.5	Proceeds from borrowings	0	0
3.6	Repayment of borrowings	0	0
3.7	Transaction costs related to loans and borrowings	0	0
3.8	Dividends paid	0	0
3.9	Other (provide details if material)	0	0
3.10	**Net cash from / (used in) financing activities**	**9,337**	**11,097**

4.	**Net increase / (decrease) in cash and cash equivalents for the period**		
4.1	Cash and cash equivalents at beginning of period	4,236	5,022
4.2	Net cash from / (used in) operating activities (item 1.9 above)	(1,950)	(4,494)
4.3	Net cash from / (used in) investing activities (item 2.6 above)	0	0

Consolidated statement of cash flows		Current quarter $A'000	Year to date (12 months) $A'000
4.4	Net cash from / (used in) financing activities (item 3.10 above)	9,337	11,097
4.5	Effect of movement in exchange rates on cash held	0	(2)
4.6	**Cash and cash equivalents at end of period**	**11,623**	**11,623**

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	2,108	2,770
5.2	Call deposits	9,515	1,515
5.3	Bank overdrafts	0	(49)
5.4	Other (provide details)	0	0
5.5	**Cash and cash equivalents at end of quarter (should equal item 4.6 above)**	**11,623**	**4,236**

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	77
6.2	Aggregate amount of payments to related parties and their associates included in item 2	0
	Payments at section 6. relate to director fees ($64,000) and corporate services, accounting and company secretarial fees ($13,000).	

7.	**Financing facilities** *Note: the term "facility' includes all forms of financing arrangements available to the entity.* *Add notes as necessary for an understanding of the sources of finance available to the entity.*	**Total facility amount at quarter end $A'000**	**Amount drawn at quarter end $A'000**
7.1	Loan facilities	65	0
7.2	Credit standby arrangements	0	0
7.3	Other (please specify)	0	0
7.4	**Total financing facilities**	65	0

7.5	**Unused financing facilities available at quarter end**	65

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.

Overdraft facility with a limit of EUR 40,000. The lender is Bank of Valetta. The facility is unsecured. The interest rate is 5.65%.

The above values are stated in AUD, converted from EUR at an exchange rate of 0.6123.

8.	**Estimated cash available for future operating activities**	**$A'000**
8.1	Net cash from / (used in) operating activities (item 1.9)	1,950
8.2	Cash and cash equivalents at quarter end (item 4.6)	11,623
8.3	Unused finance facilities available at quarter end (item 7.5)	65
8.4	Total available funding (item 8.2 + item 8.3)	11,688
8.5	**Estimated quarters of funding available (item 8.4 divided by item 8.1)**	5.99

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.

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?

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?

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?

N/A

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.

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: 25 July 2024
.....

Authorised by: The Board of Directors
.....
(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 – eg 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.