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| SRN/HIN: |
| Security Code: RACOPT43 |
| Number of Options Held: |
| Option Expiry Date: 29/05/2026 |
| Exercise Price: \$1.25 |

NOTICE OF EXERCISE OF OPTIONS

I/we hereby exercise the following number of options and make payment in Australian currency for the amount payable. Please allot me/us Ordinary Shares calculated on the basis of one Ordinary Share for every one Option which I/we exercise. I/We agree to accept such Shares subject to the Constitution of Race Oncology Limited.

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| 1. Number of Options to be Exercised <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> | Total payment required @ \$1.25 per Option exercised A\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| If the dollar amount paid results in a fraction of a share then the shares allotted will be rounded down. | |

2. Payment: You can pay either by EFT or cheque

Option A – EFT

Funds to be deposited directly to the following bank account:

Account name: Race Oncology Limited Share Application Account
Account BSB: 086-082
Account number: 38-980-8939

IMPORTANT: When making your EFT payment please ensure that you use your registered holding name as your “payment description”. Failure to do so may result in your funds not being allocated to your application and shares subsequently not issued.

Option B – Cheque

- Make your cheque payable to “Race Oncology Limited” and crossed “Not Negotiable”.

3. Contact details & signature

Telephone Number ()

Contact Name (PLEASE PRINT)

Email Address

SUPPORT YOUR COMPANY: By providing your email address, you elect to receive all communications despatched by the Company electronically (where legally permissible).



Sign here:

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|---|--|--|
| Securityholder 1 <input type="text"/> Sole Director/Company Secretary | Securityholder 2 <input type="text"/> Director | Securityholder 3 <input type="text"/> Director / Company Secretary |
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NOTE: When signed under Power of Attorney, the attorney states that they have not received a notice of revocation. A certified copy of the Power of Attorney must be lodged with this exercise form.

4. Submitting your “Notice of Exercise of Options” form

Please return the completed and signed form together with your cheque payment or copy of your funds transfer receipt:

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|  BY MAIL Race Oncology Limited PO Box 271 West Perth WA 6872 |  BY EMAIL info@raceoncology.com |
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