

COVIRIX Medical Pty Ltd

(Incorporated in Victoria, Australia)

ACN 639 682 607

SHARE APPLICATION FORM

PRIVATE PLACEMENT OF FULLY PAID ORDINARY SHARES

TO: THE DIRECTORS
COVIRIX MEDICAL PTY LTD

Application is hereby made for the allotment of _____
(_____) fully paid ordinary shares at _____ each
in COVIRIX MEDICAL PTY LTD

The total consideration of _____ (US Dollars) (US\$ _____) to cover payment of
subscription monies due on the shares applied for will be
remitted to COVIRIX MEDICAL PTY LTD nominated bank account as detailed in this form.

Applicant's Name:	
Address:	
Email:	
Mobile:	
Introduced by:	

Executed for and on behalf of the Applicant: _____
Authorised Signatory (ies)

Dated this _____ day of _____ 2024

You are authorised to place my/our name(s) on the Register of Members of COVIRIX MEDICAL PTY LTD in respect of the number of shares allotted.

Shares will be allotted only upon receipt of cleared funds remitted into the following bank account:

Bank : Macquarie Bank
Branch Address : 101 Collins St, Melbourne
Victoria 3000, Australia
Account Name : Covirix Medical Pty Ltd
Account No. : 304517113
BSB No. : 183 334
Swift Code: MACQAU2S

DECLARATION

By completing and lodging this Application Form with COVIRIX MEDICAL PTY LTD (“the Company”), the Applicant(s):

- 1) Agree to be bound by the constitution of the Company;
- 2) Represent and warrant that the Applicant(s) is/are a sophisticated or professional investor(s) for the purpose of section 708 of the Corporations Act 2001;
- 3) Acknowledge that the Applicant(s) have/has made its/their own enquiries concerning the Company and its business and affairs and has relied on their own judgment as to whether to invest in the Company and have not relied on any statements or representations made by the Company or its directors and employees, other than in respect of public releases made by the Company;
- 4) Acknowledge that the Company is not required to provide the Applicant(s) a prospectus or other disclosure document for the issue of the Shares;
- 5) Where the applicant is an incorporated body, its Common Seal is affixed in the presence of its duly authorized signatories or executed under hand by its authorized signatories if required and in accordance with its Constitution;
- 6) If the application is signed by Attorney, each Attorney hereby states that he has no revocation of the Power of Attorney under the authority of which the application is signed; and
- 7) Acknowledge that this Application Form is governed by the laws of Victoria, Australia.

Please Email this signed, completed share application form to shareplacement@covirix.com