5 November 2025

ASX Listings Compliance
39 Martin Place
Sydney NSW 2000

Email ListingsComplianceSydney@asx.com.au

Dear ASX Listings Compliance

Chimeric Therapeutics Limited ('Company' or 'CHM') – Response to ASX Query Letter

We refer to the letter from ASX Compliance dated 23 October 2025 with the subject heading "Chimeric Therapeutics Limited ('CHM'): ASX Query Letter" and associated emails from you dated 30 and 31 October 2025 and 3 November 2025.

We provide the Company's response as follows:

1. **Does CHM consider that the following information, or any part thereof, to be information that a reasonable person would expect to have a material effect on the price or value of its securities?**

   1.1 **The results of the dose escalation portion of the 'ADVENT-AML' clinical trial (the 'Trial') for six study subjects disclosed in the Announcement including:**

      1.1.1 **That there were 'no dose-limiting toxicities, cytokine release syndrome (CRS), immune effector cell-associated neurotoxicity (ICANS), or graft verses host disease'.**

      1.1.2 **That 'CORE-NK cells persisted in patients [sic] blood for more than two weeks after repeat infusions'.**

      1.1.3 **That one patient out of six study subjects received a 'complete response'.**

   CHM considers only part thereof would expect to have a material impact on price, but ONLY when read in conjunction with the subsequent additional new price sensitive information ('**New Information**') not disclosed prior to the Announcement, namely:

   - To date, fifty seven percent (57%) of the evaluable high-risk frontline subjects treated with this novel combination have demonstrated clinical responses.
   - Two new Complete Responses in AML in the phase 1b portion of the trial.

   The former is nuanced information requiring analysis and again in part, whereas the latter information in particular could be understood by a 'reasonable person' to potentially have a material impact in its own right.

   Relevantly this New Information was not known at the time of the Conference at which the poster presentation was made (being between 3 and 6 September 2025).

In terms of the New Information with frontline dosing the Company was notified after the Conference. The Company received an email at 1:59 am on 27 September 2025 . At this time the Company commenced review of the information liaising with the responsible party, MD Anderson Cancer Centre (see below), to verify and confirm the terms of the Announcement.

For additional context, CHM CORE-NK is the technology used in the ADVENT-AML trial. This trial is an investigator sponsored trial lead and majority funded by MD Anderson Cancer Center using CHM technology.

ADVENT-AML is the name of the trial, listed on www.clinicaltrials.gov. Specifically, https://clinicaltrials.gov/study/NCT05834244?term=AREA%5BBasicSearch%5D(Azacitidine%20AND%20SCT)&rank=8, noting the responsible party is MD Anderson Cancer Centre.

1.2 **Any other clinical or translational data from the Trial included in the poster presentation made at, or otherwise disclosed during, the Conference.**

None.

1.3 **The results of the treatment of seven evaluable subjects in the ongoing frontline cohort of high-risk patients with newly diagnosed acute myeloid leukaemia ('AML') disclosed in the Announcement, including:**

1.3.1 **That 'four clinical responses have been reported which include two complete responses (CRs),**
one complete response with incomplete count recovery (CRi) and one partial response (PR)'

1.3.2 **That there have been 'no unexpected safety findings in this group of patients and the combination of CORE-NK with azacitadine and venetoclax continues to be well-tolerated by patients.'**

Yes. Also refer to response in 1.1.

The 2 complete responses were previously disclosed upon Company notification as announced on 15 May 2025 and the New Information relating to the frontline dosing and two new Complete Responses in AML was disclosed once the Company was made aware and have received confirmation of these results following the verification and analysis of the clinical data undertaken by the Company and MD Anderson up to and including receipt of confirmation on October, 2nd 2025 at 2:00 am (AEST) and all reasonable steps were undertaken by the Company to release the ASX announcement on the same day prior to market open.

1.4 **Any other information disclosed in the Announcement.**

Other than as described in response to items 1.1 and 1.3 above, the Announcement did not contain any other new price sensitive information.

2. **If the answer to any part of question 1 is 'no', please advise the basis for that view and explain why the Announcement was marked by CHM as sensitive when lodged on MAP.**

Please answer separately for each of the items in question 1 above.

1.1 Not applicable.

1.2 The New Information was not included in the poster presentation and the Company was notified of the New Information post the Conference . Refer to response in 1.3 for more details. It was marked as "sensitive" having particular regard to the New Information concerning the 2 additional Complete

Responses in AML.

1.3 Not applicable.

1.4 Not applicable.

3. **When did CHM first become aware of the information referred to in question 1 above?**

Please answer separately for each of the items in question 1 above.

1.1 In connection to the New Information regarding frontline dosing and the New Information concerning the 2 additional Complete Responses in AML, CHM was initially notified by MD Anderson on Saturday September 27, 2025 at 1:59 am which then required further analysis of the clinical data to be undertaken by the Company and verification from MD Anderson up to and including receipt of confirmation on October 2nd, 2025 at 2:00 am (AEST) and all reasonable steps were undertaken by the Company to release the ASX announcement on the same day prior to market open.

The Company is aware of its obligations under Listing Rule 3.1, Guidance Note 8 and ASX Code of Best Practice for Reporting by Life Sciences Companies (**Code**).

To further expand on the Company's activities between September 27 and October 2nd, we note as follows:

- Following receipt of notification from MD Anderson on September 27, the Company moved as soon as possible to confirm the information, including that 2 additional Complete Responses had occurred.
- A Complete Response is defined by the NIH National Cancer Institute as "The disappearance of all signs of cancer in response to treatment." Please note this is not included in the Glossary of Terms in the Code but is accepted and highly precise, scientific terminology which must be underpinned by applicable data and expert confirmation.
- The Company obviously needs to be extremely careful to analyse, verify and confirm relevant data and receive expert confirmation before making any statement that a Complete Response has in fact occurred.
- This is consistent with the Company's scientific, ethical and regulatory obligations, as well as the Listing Rules. The Code also emphasizes investors should not be misled about the 'commercial or regulatory significance of a trial'.
- During the period from September 27 to October 2, the Company's Chief Executive Officer, Dr Rebecca McQualter, was in close contact with the Company's Chief Medical Officer, Dr Jason B Litten, and Chief Scientific Officer, Dr Stephanie H Astrow. In particular, Dr Litten is based in the United States and holds the relevant medical licence to access the data and verify the information.
- Additionally, to be able to verify the Complete Clinical Response requires confirmation from expert parties, including the relevant hematologist and pathologist responsible for reviewing the trial data. This includes, for example, verification that there are "no active blasts".
- The review and analysis is not merely cursory and required significant and concerted work, applying the expertise of the applicable parties.
- Furthermore, the exercise is not merely 'confirmatory' as a Complete Response cannot be determined and hence announced until the process has been completed.
- The Company announced the information as soon as it was able to following receipt of final confirmation on October 2nd.
- For completeness, we note the New Information (especially the 2 additional Complete Responses) remained confidential during this period and was not subject to disclosure, either because it did not constitute "information" for the purposes of Listing Rule 3.1 at that time or because it remained exempt from disclosure under Listing Rule 3.1A, including that the information was incomplete pending the activities described above.

The information regarding the first 'complete response' was reported in a market sensitive announcement released on 7 October 2024 titled "AML patient achieves Complete Response in CHM CORE-NK Combination Phase 1b trial".

The information regarding 'no dose limiting toxicities' was first announced on 24 October 2024.

1.2 Not applicable.

1.3 Refer to the response in 1.1 above. In addition, the information released at 9:38 am on 21 May 2025 (CHM CDH17 ADVANCES TO DOSE LEVEL 2) was received overnight on 20-21 May.

1.4 Other than as described in response to items 1.1 and 1.3 above, the Announcement did not contain any other new information.

4. **If CHM first became aware of the information referred to in question 1 before the date of the Announcement, did CHM make any announcement prior to that date which disclosed the information? If not, please explain why the information was not released to the market at an earlier time, commenting specifically on when you believe CHM was obliged to release the information under Listing Rules 3.1 and 3.1A and what steps CHM took to ensure that the information was released promptly and without delay.**

Please answer separately for each of the items in question 1 above.

1.1 No. The Company received the New Information in an email at 1:59 am on 27 September 2025. At this time the company commenced review of the information liaising with the responsible party, MD Anderson Cancer Centre (see below), to verify and confirm the terms of the Announcement.

As noted in response to question 3 above, other information from the trial had previously been released on 7 October 2024 https://cdn-api.markitdigital.com/apiman-gateway/ASX/asx-research/1.0/file/2924-02863235-2A1554111&v=undefined , 24 October 2024 https://cdn-api.markitdigital.com/apiman-gateway/ASX/asx-research/1.0/file/2924-02870858-2A1557574&v=undefined and 15 May 2025 https://cdn-api.markitdigital.com/apiman-gateway/ASX/asx-research/1.0/file/2924-02947059-2A1596767&v=undefined .

1.2 No. Refer attached poster. The poster does not contain the two new Complete Responses as this was not part of the dose escalation part of the study. The poster 'Conclusions' were consistent with market announcements to that point as announced on 24 October 2024 https://cdn-api.markitdigital.com/apiman-gateway/ASX/asx-research/1.0/file/2924-02870858-2A1557574&v=undefined and 15 May 2025 https://cdn-api.markitdigital.com/apiman-gateway/ASX/asx-research/1.0/file/2924-02947059-2A1596767&v=undefined and were not material in the manner of the New Information.

1.3 No. This is a different cohort that is a continuation of the trial but a different phase. The 2 complete responses were previously disclosed upon Company notification as announced on 15 May 2025 https://cdn-api.markitdigital.com/apiman-gateway/ASX/asx-research/1.0/file/2924-02947059-2A1596767&v=undefined and the New Information relating to the frontline dosing and two new Complete Responses in AML was disclosed once the Company was made aware and have received confirmation of these results following the verification and analysis of the clinical data undertaken by the Company and MD Anderson up to and including receipt of confirmation on October, 2nd 2025 at 2 am (AEST) and all reasonable steps were undertaken by the Company to release the ASX announcement on the same day prior to market open.

1.4 Other than as described in response to items 1.1 and 1.3 above, the Announcement did not contain any other new price sensitive information.

5. **Noting that the Announcement indicates that information disclosed in the Announcement was presented at the Conference, please:**

5.1 **specify when (time and date) the poster presentation was first presented or**

published at the Conference;

5.2 **describe the information included in the presentation; and**

5.3 **provide a copy of any presentation, poster or materials used at the conference.**

5.1 The poster was published (available for viewing by attendees) during the Conference between 3 and 6 September 2025.

5.2 The poster presentation is **attached**. This does not contain the two new Complete Responses as this was not part of the dose escalation part of the study. The study has now progressed to the frontline dosing regimen. Please note the poster 'Conclusions' were consistent with market announcements to that point as announced on 24 October 2024 and were not material in the manner of the New Information.

5.3 See previous.

6. **Does CHM consider that the presentation of the information referred to in items 1.1 and 1.2 of question 1 above at the Conference, prior to the Announcement being released on MAP, was compliant with its obligations under Listing Rules 3.1 and 15.7? If so, please advise the basis for that view.**

Yes. The Company was not aware of the New Information at the time of the poster presentation at the Conference and accordingly the Company has complied with Listing Rule 15.7. The New Information, received after the poster presentation at the Conference, was announced in accordance with Listing Rule 3.1.

7. **Does CHM consider that the Announcement:**

7.1 **contains sufficient detail for investors or their professional advisers to understand the ramifications of the matters disclosed in it and to assess their impact on the price or value of CHM's securities; and**

7.2 **is accurate, complete and not misleading?**

If so, please advise the basis for that view.

Yes, this view is based upon the information received from MD Anderson Cancer Center, the Company's scientific assessment of the information, and industry standards.

CHM is committed to compliance with ASX Listing Rule 3.1 and as per Guidance Note 8 and ASX Code of Best Practice for Reporting by Life Sciences Companies (Code).

Consistent with Guidance Note 8, the Code recognises the inherent technical nature of "information" received during clinical trial processes and the importance of reviewing and distilling material information in a manner which is clear, concise and effective, and further is not misleading or deceptive. The Company acknowledges that interim and/or non-material trial announcements can have a "ramping" effect and endeavours to take a balanced approach, consulting with ASX as necessary.

8. **What arrangements does CHM have in place to ensure compliance with Listing Rules 3.1 and 15.7?**

The Company's Communication and Disclosure Policy available at https://www.chimerictherapeutics.com/investor clearly states that "The Company will not disclose price-sensitive information in any forum (including at a general meeting of shareholders) unless it has been previously disclosed to the ASX."

In compliance with Listing Rules 3.1 and 15.7, the Company has not released information that is for release to the market to any person until it has given the information to ASX and has received an acknowledgement that ASX has released the information to the market.

9. **Please confirm that CHM is in compliance with the Listing Rules and, in particular, Listing Rules 3.1 and 15.7.**

   Confirmed.

10. **Please confirm that CHM's responses to the questions above have been authorised and approved in accordance with its published continuous disclosure policy or otherwise by its board or an officer of CHM with delegated authority from the board to respond to ASX on disclosure matters.**

    This response been authorised and approved in accordance with its published continuous disclosure policy.

Conclusion

We kindly request that the ASX treat our response to this disclosure query as confidential. Whilst we acknowledge that the ASX reserves the right to release such information in accordance with its regulatory responsibilities, on this occasion we respectfully submit that the response should not be announced.

If you should have any queries in relation to the above responses, please do not hesitate to contact me.

Yours sincerely

Mr Paul Hopper
Executive Chairman

Phase I Trial of Azacitidine, Venetoclax and Allogeneic NK Cells in Acute Myeloid Leukemia (ADVENT-AML): Results From Dose Escalation Phase

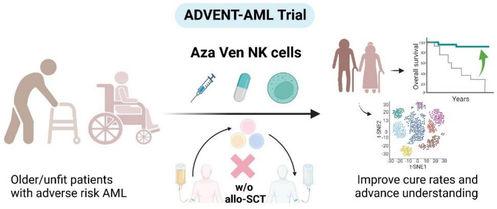
Abhishek Maiti[1], Jeremy Ramdial[1], Courtney DiNardo[1], Kelly Chien[1], Nitin Jain[1], Muharrem Muftuoglu[1], Dzifa Duose[1], Cara Haymaker[1], James Ignatz-Hoover[2], Michael Andreeff[1], Miranda Lim[1], Allison Pike[1], Lianchun Xiao[1], Xuelin Huang[1], Keyur Patel[1], Jason Litten[3], Stephanie Astrow[3], Farhad Ravandi[1], Hagop Kantarjian[1], Benjamin Tomlinson[2], Naval Daver[1], David Wald[2]

1. University of Texas MD Anderson Cancer Center, Houston, TX, USA
2. Case Western Reserve University, Cleveland, OH, USA
3. Chimeric Therapeutics Ltd, Carlton, South Victoria, Australia

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

Background

- Older/unfit pts with AML have limited treatment options and are usually ineligible for allo-SCT.
- We hypothesized that adding allogeneic NK cells to current standard of azacitidine-venetoclax (Aza-Ven) may work synergistically and improve long-term outcomes.
- We designed a phase I trial to evaluate the combination of allogeneic NK cells with Aza-Ven (NCT05834244).
- The dose escalation phase enrolled pts with R/R AML.



Objectives

Primary objective: to determine the safety of this combination.

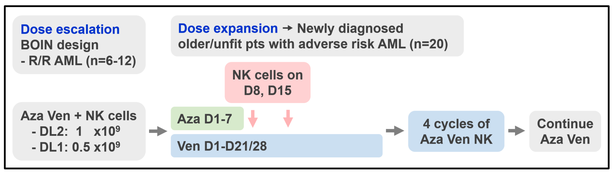
Secondary objectives: measures of efficacy ORR, CRc, OS, RFS

Exploratory objectives: persistence of NK cells, cytokine profiling and evaluation of immune microenvironment

Methods

Aza-Ven was administered as standard per USPI

Ex vivo expanded allogeneic NK cells CHM-201 were administered on days 8 and 15 of the first 4 cycles at flat doses of 0.5x10^9 (DL1) and 1 x10^9 (DL2) per dose.



Results

6 pts with R/R AML were enrolled across two dose levels. Baseline characteristics are shown in Table 1

Table 1. Baseline Characteristics	N=6
Age, yrs	64 (35-77)
ECOG PS 0-1	6 (100)
Bone marrow blasts, %	50 (20-59)
Cytogenomics	
Complex karyotype	4 (67)
MECOMr	1 (17)
Diploid	1 (17)
TP53	5 (83)
Prior lines of therapies	3 (2-4)
Intensive chemotherapy	6 (100)
Venetoclax	5 (83)
Hypomethylating agents	6 (100)
Stem cell transplantation	1 (17)
CAR-T	1 (17)

Safety: There were no DLTs, CRS/ICANS, or acute GVHD.

Most common treatment emergent adverse event of any grade were infusion reactions (8), pneumonia (5), and febrile neutropenia (4).

Table 2. Treatment-emergent adverse events (n)	Grade 1	2	3	4	5
Lung infection		1	3		1
Nervous system disorders[1]				1	
Febrile neutropenia			4		
Platelet count decreased	1	1	1		
Colitis		1	1		
Anemia			1		
Skin infection			1		
Skin and subcutaneous tissue disorders[2]	1	3			
Epistaxis	1	1			
Fall		1			
Gastric hemorrhage		1			
Infusion related reaction	8				
Nausea	5				
Constipation	4				
Diarrhea	4				
Abdominal distension	2				
Abdominal pain	2				
Dyspnea	2				
Edema limbs	2				
Fever	2				
Headache	2				
Postnasal drip	2				

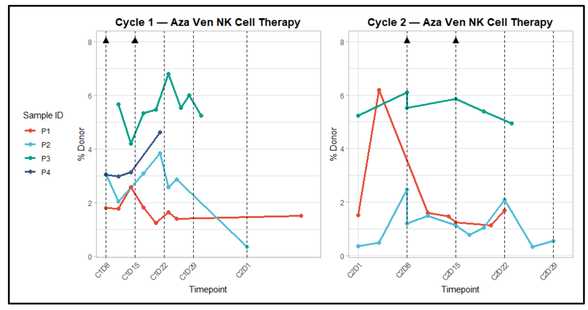
Treatment-emergent adverse events (n)	Grade 1	2	3	4	5
Anxiety	1				
Cough	1				
Dizziness	1				
Dysphagia	1				
Dysuria	1				
QTc prolonged	1				
Gastrointestinal disorders	1				
Hemorrhoids	1				
Infections and infestations	1				
Insomnia	1				
Mucositis oral	1				
Pain	1				
Paresthesia	1				
Pruritus	1				
Rhinorrhea	1				
Sinus bradycardia	1				
Urinary frequency	1				
Vomiting	1				
Weight loss	1				

1. Nervous system disorders included finding of finding intracranial leukemic chloromas or hemorrhagic metastases, 2. The skin and subcutaneous tissue disorders included wound at biopsy site (1), right forearm cellulitis (1), Generalized erythematic rash (1), Subcutaneous skin nodules (forearms, abdomen) (1), all unrelated to study regimen.

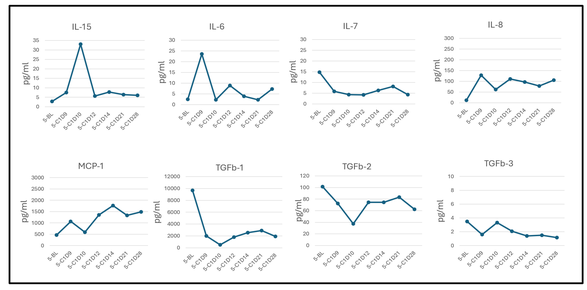
Results

Response: One out of 6 pts achieved CRi MRD positive.

Persistence: An NGS-based chimerism assay (sensitivity 0.1%) showed that infused NK cells could be measured for more than 2 weeks after repeat infusions (n=4).

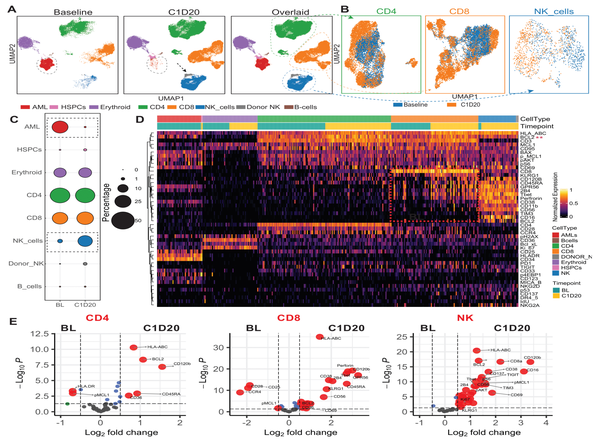


Cytokine profile: Serum cytokine assessment suggested increase in homeostatic cytokines, IL-6, -15, around day 9-10 and concurrent drop in TGFb-1 (n=2).



CyTOF single cell proteomics in the responding pt showed homing of infused NK cells to the BM on day 20, reduction in AML, and phenotypic changes in CD4/8 T cells.

- Expanded NK cells: elevated T-bet and perforin, markers of cytotoxic fitness
- AML cells: ↑ MICA/B, which could sensitize to NK cell killing
- ↑ HLA-ABC, BCL2 expression multiple immune subsets.



Conclusions

- Ex-vivo expanded allogeneic NK cells CHM-201 could be safely combined with Aza Ven in pts with R/R AML
- CHM-201 NK cells had significant persistence delivered without lymphodepletion and migration into BM.
- Dose expansion phase is currently enrolling older/unfit pts with newly diagnosed AML.

Funding

GFCR, MDACC PRIME Award, Chimeric Therapeutics, NCI CCSG

References

1. Bargano et al. Genes Immun 2015
2. Wu et al. Int Immunopharmacol 2022
3. Gang et al. Blood Cancer J 2014
4. Goodyear et al. Blood 2010
5. Brahm et ali. Hum Immunol 2001
6. Screpanti et al. J Immunol 2001
7. Pan et al. Cell 2022
8. Lasater et al. Blood 2018
9. Lee et al. Blood 2021
10. Kohlapp et al. Cancer Discov 2021

23 October 2025

Reference: 113399

Mr Nathan Jong
Joint Company Secretary
Chimeric Therapeutics Limited

By email

Dear Mr Jong

Chimeric Therapeutics Limited ('CHM'): ASX Query Letter

ASX refers to the following:

A. CHM's announcement titled 'CHM CORE-NK Phase 1B Clinical Trial Achieves Additonal [sic] Complete Responses in AML' released on the ASX Market Announcements Platform at 9:42 AM AEST on 2 October 2025 (the 'Announcement'), marked by CHM as 'sensitive', which disclosed (relevantly, emphasis added):

> *… new clinical and translational data from the ADVENT-AML clinical trial* ***that was presented at the Society of Hematology Oncology Annual Meeting in Houston, Texas***.
>
> *The poster presentation focuses on the Dose Escalation portion of the ADVENT-AML trial, treating patients with relapsed or refractory AML.*
>
> *The Dose Escalation portion of the trial evaluated the safety of two CORE-NK doses in combination with standard AML treatment, and* ***was completed in late 2024****.*

B. Publicly available information indicating that the annual meeting of the Society of Hematology Oncology referred to in the Announcement (the 'Conference') took place between 3 and 6 September 2025, approximately four weeks prior to CHM's Announcement.

C. The change in the price of CHM's securities from $0.003 immediately prior to the release of the Announcement to a high of $0.004 following the release of the Announcement.

D. Listing Rule 3.1, which requires a listed entity to immediately give ASX any information concerning it that a reasonable person would expect to have a material effect on the price or value of the entity's securities.

E. The definition of 'aware' in Chapter 19 of the Listing Rules, which states that:

> *an entity becomes aware of information if, and as soon as, an officer of the entity (or, in the case of a trust, an officer of the responsible entity) has, or ought reasonably to have, come into possession of the information in the course of the performance of their duties as an officer of that entity.*

F. Section 4.4 in Guidance Note 8 *Continuous Disclosure: Listing Rules 3.1 – 3.1B* ('Guidance Note 8') titled 'When does an entity become aware of information?'

G. Listing Rule 3.1A, which sets out exceptions from the requirement to make immediate disclosure as follows.

> *3.1A Listing rule 3.1 does not apply to particular information while each of the following is satisfied in relation to the information:*
>
> *3.1A.1 One or more of the following 5 situations applies:*
>
> - *It would be a breach of a law to disclose the information;*

- *The information concerns an incomplete proposal or negotiation;*
- *The information comprises matters of supposition or is insufficiently definite to warrant disclosure;*
- *The information is generated for the internal management purposes of the entity; or*
- *The information is a trade secret; and*

3.1A.2 The information is confidential and ASX has not formed the view that the information has ceased to be confidential; and

3.1A.3 A reasonable person would not expect the information to be disclosed.

H. The concept of 'confidentiality' detailed in section 5.8 of Guidance Note 8. In particular, the Guidance Note states that:

> *Whether information has the quality of being confidential is a question of fact, not one of the intention or desire of the entity. Accordingly, even though an entity may consider information to be confidential and its disclosure to be a breach of confidence, if it is in fact disclosed by those who know it, then it is no longer a secret and it ceases to be confidential information for the purposes of this rule.*

I. The guidance on the content of market announcements provided in section 4.15 of Guidance Note 8 including the following:

> *Wherever possible, an announcement under Listing Rule 3.1 should contain sufficient detail for investors or their professional advisers to understand its ramifications and to assess its impact on the price or value of the entity's securities…*
>
> *An announcement under Listing Rule 3.1 must be accurate, complete and not misleading...*
>
> *Entities should not use an announcement under Listing Rule 3.1 to publish material that is really promotional, political or tendentious in nature rather than being information that a reasonable person would expect to have a material effect on the price or value of its securities…*

J. Listing Rule 15.7 which states:

> *An entity must not release information that is for release to the market to any person until it has given the information to ASX and has received an acknowledgment that ASX has released the information to the market.*

Request for information

Having regard to the above, ASX asks CHM to respond separately to each of the following questions and requests for information:

1. Does CHM consider that the following information, or any part thereof, to be information that a reasonable person would expect to have a material effect on the price or value of its securities?

   1.1 The results of the dose escalation portion of the 'ADVENT-AML' clinical trial (the 'Trial') for six study subjects disclosed in the Announcement including:

   1.1.1 That there were 'no dose-limiting toxicities, cytokine release syndrome (CRS), immune effector cell-associated neurotoxicity (ICANS), or graft verses host disease'.

   1.1.2 That 'CORE-NK cells persisted in patients [sic] blood for more than two weeks after repeat infusions'.

1.1.3 That one patient out of six study subjects received a 'complete response'.

1.2 Any other clinical or translational data from the Trial included in the poster presentation made at, or otherwise disclosed during, the Conference.

1.3 The results of the treatment of seven evaluable subjects in the ongoing frontline cohort of high-risk patients with newly diagnosed acute myeloid leukaemia ('AML') disclosed in the Announcement, including:

1.3.1 That 'four clinical responses have been reported which include two complete responses (CRs), one complete response with incomplete count recovery (CRi) and one partial response (PR)'

1.3.2 That there have been 'no unexpected safety findings in this group of patients and the combination of CORE-NK with azacitadine and venetoclax continues to be well-tolerated by patients.'

1.4 Any other information disclosed in the Announcement.

Please answer separately for each of the above.

2. If the answer to any part of question 1 is 'no', please advise the basis for that view and explain why the Announcement was marked by CHM as sensitive when lodged on MAP.

   Please answer separately for each of the items in question 1 above.

3. When did CHM first become aware of the information referred to in question 1 above?

   Please answer separately for each of the items in question 1 above.

4. If CHM first became aware of the information referred to in question 1 before the date of the Announcement, did CHM make any announcement prior to that date which disclosed the information? If not, please explain why the information was not released to the market at an earlier time, commenting specifically on when you believe CHM was obliged to release the information under Listing Rules 3.1 and 3.1A and what steps CHM took to ensure that the information was released promptly and without delay.

   Please answer separately for each of the items in question 1 above.

5. Noting that the Announcement indicates that information disclosed in the Announcement was presented at the Conference, please:

   5.1 specify when (time and date) the poster presentation was first presented or published at the Conference;

   5.2 describe the information included in the presentation; and

   5.3 provide a copy of any presentation, poster or materials used at the conference.

6. Does CHM consider that the presentation of the information referred to in items 1.1 and 1.2 of question 1 above at the Conference, prior to the Announcement being released on MAP, was compliant with its obligations under Listing Rules 3.1 and 15.7? If so, please advise the basis for that view.

7. Does CHM consider that the Announcement:

   7.1 contains sufficient detail for investors or their professional advisers to understand the ramifications of the matters disclosed in it and to assess their impact on the price or value of CHM's securities; and

   7.2 is accurate, complete and not misleading?

   If so, please advise the basis for that view.

8. What arrangements does CHM have in place to ensure compliance with Listing Rules 3.1 and 15.7?
9. Please confirm that CHM is in compliance with the Listing Rules and, in particular, Listing Rules 3.1 and 15.7.
10. Please confirm that CHM's responses to the questions above have been authorised and approved in accordance with its published continuous disclosure policy or otherwise by its board or an officer of CHM with delegated authority from the board to respond to ASX on disclosure matters.

When and where to send your response

This request is made under Listing Rule 18.7. Your response is required as soon as reasonably possible and, in any event, by no later than **10:00 AM AEDT Tuesday, 28 October 2025**.

You should note that if the information requested by this letter is information required to be given to ASX under Listing Rule 3.1 and it does not fall within the exceptions mentioned in Listing Rule 3.1A, CHM's obligation is to disclose the information 'immediately'. This may require the information to be disclosed before the deadline set out above and may require CHM to request a trading halt immediately if trading in CHM's securities is not already halted or suspended.

Your response should be sent by e-mail to **ListingsComplianceSydney@asx.com.au**. It should not be sent directly to the ASX Market Announcements Office. This is to allow us to review your response to confirm that it is in a form appropriate for release to the market, before it is published on the ASX Market Announcements Platform.

Suspension

If you are unable to respond to this letter by the time specified above, ASX will likely suspend trading in CHM's securities under Listing Rule 17.3.

Listing Rules 3.1 and 3.1A

In responding to this letter, you should have regard to CHM's obligations under Listing Rules 3.1 and 3.1A and also to Guidance Note 8 *Continuous Disclosure: Listing Rules 3.1 – 3.1B*. It should be noted that CHM's obligation to disclose information under Listing Rule 3.1 is not confined to, nor is it necessarily satisfied by, answering the questions set out in this letter.

Release of correspondence between ASX and entity

We reserve the right to release all or any part of this letter, your reply and any other related correspondence between us to the market under Listing Rule 18.7A. The usual course is for the correspondence to be released to the market.

Yours sincerely

ASX Compliance

CC: Rowan Cole, Acclime