

Cyclopharm Limited ABN 74 116 931 250 Incorporated in Victoria All correspondence to Gould Ralph Pty Limited Level 42, Suncorp Place 259 George Street Sydney NSW 2000 Tel: + 61 2 9032 3000 Fax: + 61 2 9032 3088 Email: registry@gouldralph.com.au

# ENTITLEMENT AND ACCEPTANCE FORM (INCLUDING ADDITIONAL SECURITIES)

Renounceable Rights Issue closing 5:00pm (Sydney time) on 7 December 2012 and offer of Additional Shares under a shortfall facility

Name 1
Name 2
Name 3
Name 4
Name 5
Name 6

This is an important document and requires your immediate attention. If you are in doubt about how to deal with this document, please consult your financial or other professional adviser.

Entitlement No.	Entitlement Number
Subregister	Subregister
SRN/HIN	Holder Identifier
Existing Shares held at Record Date on 19 November 2012	Shares Held
Entitlement to new Shares on a 1 for 4 basis	Entitlement
Amount payable on full acceptance at A\$0.18 per new Share	Amount Payable
Share	
Closing Date: 5:00pm (Sydney	time) on 7 December 2012

Renounceable Rights Issue on the basis of 1 new share for every 4 shares registered and entitled to participate at the Record Date, at an issue price of A\$0.18 per new share and offer of additional shares under a shortfall facility.

Receipt of this form by 5.00pm (Sydney time) on 7 December 2012 with your payment, utilising the payment options detailed, will constitute acceptance in accordance with the terms and conditions of the Offer Booklet dated 23 November 2012. Rights trading commenced on 13 November 2012 and is expected to close on 30 November 2012.

I/We enclose my/our payment for the amount shown below being payment of A\$0.18 per new share. I/We hereby authorize you to register me/us as the holder(s) of the shares allotted to me/us, and I/we agree to be bound by the constitution of the Company.

# Please see back of form for completion guidelines.

1 Rights Issue acceptance and application for Additional Shares					
Number of new shares applied for under entitlement to new shares	Number of additional shares applied for under shortfall facility	Amount enclosed at A\$0.18 per new share			

# 2 Payment and Contact Details

If the person completing this form is acting for the shareholder, the return of this form together with payment will constitute acceptance of the Offer by the shareholder, and if that person is acting under power of attorney, he/she states he/she has not received notice of revocation and that he/she has authority to accept the Offer.

Please make your cheque or bank draft payable to "Cyclopharm Limited Share".

DRAWER	CHEQUE NUMBER	BSB NUMBER	ACCOUNT NUMBER	CHEQUE AMOUNT
				A\$

CONTACT NAME	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
	( )	

By submitting this Entitlement and Acceptance Form, I/We represent and warrant that I/we have read and understood the Offer Booklet to which this form relates and declare that this application is completed and lodged according to the Offer Booklet and the instructions on the reverse of this form and declare that all details and statements made by me/us are compete and accurate. I/We agree to be bound by the constitution of the Company and agree to the terms and conditions set out in the Offer Booklet. I/We represent and warrant that I/we have not relied on any other information provided by the Company other as set out in the Offer Booklet when making my/our decision to accept my/our entitlement.

# **COMPLETION GUIDELINES**

Please read these guidelines carefully

# **1** Rights Issue acceptance and application for Additional Shares

#### Number of new Shares applied for under Entitlement to new Shares

Enter the number of new Shares you wish to accept from your Entitlement. You can accept all or part of your Entitlement.

#### Number of Additional Shares applied for under shortfall facility

Enter the number of Additional new Shares you wish to apply for. The Company may scale back in its discretion additional new shares applied for in excess of your entitlement.

#### Amount enclosed at A\$0.18 per new Share

Enter the total amount of application monies payable. To calculate this amount, multiply the number of new shares, and if applicable, additional new shares, by A\$0.18.

# 2 Payment & Contact Details

#### Payment

All cheques and bank drafts are to be made payable to "Cyclopharm Limited Share" and crossed "Not Negotiable". Your cheque or bank draft must be made in Australian currency and drawn on an Australian branch of a financial institution.

Cheques will be processed on the day of receipt and as such, sufficient cleared funds must be held in your account as cheques returned unpaid may not be re-presented and may result in your form being rejected.

Paperclip (do not staple) your cheque to the Form. Receipt of payment will not be forwarded.

#### Contact

Enter the name of a contact person, telephone number and email address.

#### Please return this Form together with payment to:

Gould Ralph Pty Limited Level 42, Suncorp Place 259 George Street Sydney NSW 2000

#### Privacy Statement:

Gould Ralph Pty Limited advises that the Corporations Act 2001 (Cth) requires information about you as a shareholder (including your name, address and details of the shares you hold) to be included in the public register of the entity in which you hold shares. Information is collected to administer your share holding and if some or all of the information is not collected then it might not be possible to administer your share holding. Your personal information may be disclosed to the entity in which you hold shares. You can obtain access to your personal information by contacting Gould Ralph Pty Limited at the address or telephone number shown on this Form.