

Osprey Medical Inc.

ARBN 152 854 923

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NAME AND ADDRESS OF OPTIONHOLDER	
	SRN/HIN
	Conversion Ratio: 1 for 1
	Expiry Date: 15 February 2021
NOTICE OF EXERCISE	OF ORTIONS
(Exercise Dates 15 June 2020, 14 Octo	
PLEASE COMPLETE BELOW	bei 2020, 13 i ebidai y 2021)
I/We apply to exercise the following number of Options and attach a cheq a financial institution for the amount payable. Please allot me/us CHESS D CDI for every one (1) Option which I/we exercise. I/We agree to accept suclof Osprey Medical Inc.	Depositary Interests (CDIs) calculated on the basis of one (1)
A NUMBER OF OPTIONS EXERCISED	B TOTAL PAYMENT REQUIRED
at A\$0.014 per	
Option Exercise	d \$A
You may exercise the Options wholly or in part by completing the Notice of Exyou wish to exercise. If you do not indicate the number of Options you wish to accompanying cheque will pay for. However, the number of Options exercise C PAYMENT OPTIONS - Choose one of the payment methods I	Exercise, the Company will exercise as many Options as your ed will not exceed the number of Options you hold. below.
Cheque Payment: Cheques must be drawn on an Australian branch of a f to "Osprey Medical Inc." and crossed "Not Negotiable".	inancial institution in Australian currency and made payable
Cheque Number BSB	Account Number
Electronic Funds Transfer: Account Name: Osprey Medical Inc. BSB: 013381 Account Number: 3175-70191 Payment Reference: please supply your SRN/HIN D YOUR CONTACT DETAILS Please provide your telephone number where you can be contacted during Telephone Number Con	business hours regarding your Notice, if necessary. tact Name (PRINT)

The completed notice (with the accompanying payment if paying by cheque) must be mailed to the address set out below:

Personal Information Collection Notification Statement: Link Group advises that personal information it holds about you (including your name, address, date of birth and details of the financial assets) is collected by Link Group organisations to administer your investment. Personal information is held on the public register in accordance with Chapter 2C of the Corporations Act 2001. Some or all of your personal information may be disclosed to contracted third parties, or related Link Group companies in Australia and overseas. Your information may also be disclosed to Australian government agencies, law enforcement agencies and regulators, or as required under other Australian law, contract, and court or tribunal order. For further details about our personal information handling practices, including how you may access and correct your personal information and raise privacy concerns, visit our website at www.linkmarketservices.com.au for a copy of the Link Group condensed privacy statement, or contact us by phone on +61 1800 502 355 (free call within Australia) 9am–5pm (Sydney time) Monday to Friday (excluding public holidays) to request a copy of our complete privacy policy.

Mailing Address: Osprey Medical Inc., PO Box 18355, Collins Street East, Melbourne VIC 8003.