



FORM 10A

MATERIAL CHANGE REPORT

By nmar at 3:53:09 pm, 29 May 2025

Pursuant to Section 64 of the Securities Act, 2012

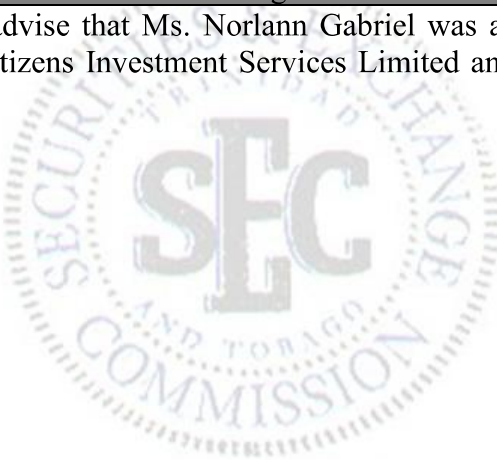
1. NAME OF REPORTING ISSUER

Name of Reporting Issuer
FIRST CITIZENS INVESTMENT SERVICES LIMITED

2. DATE OF MATERIAL CHANGE

Date of material change
June 01, 2025

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>We are pleased to advise that Ms. Norlann Gabriel was appointed Assistant General Manager of First Citizens Investment Services Limited and its Subsidiaries, effective June 01, 2025.</p> 


4. DETAILS OF PUBLICATION OF MATERIAL CHANGE

	YES	NO
Will you be seeking an exemption from publishing a notice in accordance with Section 64(2) of the Securities Act 2012?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If “No”

Date of Publication of Notice (dd/mm/yyyy)	Tentative June 04, 2025
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If “Yes”

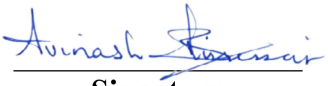
State the reasons for applying for the exemption


5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Avinash Bissessar
Position in Organization	General Manager- First Citizens Investments Services Limited
Business Address	#17 Wainwright Street, St. Clair
Work Phone (1-xxx-xxx- xxxx)	1 (868) 624-3178 ext. 5900
Fax Phone(1-xxx-xxx-xxxx)	1 (868) 621-0055
Email Address	Avinash.Bissessar @Firstcitizenstt.com

6. DATE, CERTIFICATION AND SIGNATURE

I hereby certify that the statement and information contained in this form and any attachment hereto are true and correct to the best of my knowledge and belief and submitted in compliance with the provisions of the Securities Act, 2012. I understand that any misrepresentation, falsification or material omission of information on this application may result in a breach of the Securities Act, 2012.

<u>Avinash Bissessar</u>	<u></u>	<u>General Manager</u>	<u>May 29, 2025</u>
Print Name	Signature	Position	Date

FOR OFFICIAL USE ONLY

Tool	ID Information
Registrant's Number	
Director's Number	
Document/Record Number	
Record's Management Date Received (dd/mm/yyyy)	

Approved By: _____ Date (DD/MM/YYYY) _____