FORM 10A





By kdematas at 3:05:15 PM, 10/10/2025

Pursuant to Section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

Name of Reporting Issuer

FIRST CITIZENS DEPOSITORY SERVICES LIMITED

2. DATE OF MATERIAL CHANGE

Date of material change

OCTOBER 08, 2025

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change

Appointment of the following persons as Directors of First Citizens Depository Services Limited with effect from October 08, 2025:

- 1. Shankar Bidaisee
- 2. Dr. Sterling Frost O.R.T.T.
- 3. Nichelle Granderson
- 4. Javan Lewis
- 5. Sandy Roopchand

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? | | |
| | | |
| | | |

If "No"

| Date of Publication of Notice | October 10, 2025 | |
|-------------------------------|------------------|--|
| (dd/mmm/yyyy) | | |

If "Yes"

| State the reasons for applying for the exemption |
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5. DETAILS OF SENIOR OFFICER

| Name (First name, Last name) | Lindi Ballah-Tull |
|------------------------------|---------------------------------------|
| Position in Organization | Group Corporate Secretary |
| Business Address | 9 Queens Park East, Port of Spain |
| Work Phone (1-xxx-xxx-xxxx) | 1 (868) 624-3178 Ext 3070 |
| Fax Phone(1-xxx-xxx-xxxx) | - |
| Email Address | lindi.ballah-tull@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.

LINDI BALLAH-TULL

Print Name

GROUP CORPORATE SECRETARY _Oct. 10, 2025

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) | |
| oved By: | Date (DD/MM/YYY) |