



By nmar at 2:14:01 pm, 16/10/2026

## FORM 10A

### MATERIAL CHANGE REPORT

Pursuant to Section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

|                                                |
|------------------------------------------------|
| Name of Reporting Issuer                       |
| Republic Bank Limited -Sagicor Go-Mutual Funds |

2. DATE OF MATERIAL CHANGE

|                         |
|-------------------------|
| Date of material change |
| October 14, 2026        |

3. DESCRIPTION OF MATERIAL CHANGE

|                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|
| Provide a description of the material change                                                                       |
| We advise the exit of Mr. Richard S. Sammy as Vice President of Republic Bank Limited, effective October 14, 2026. |

#### 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<br>(dd/mmm/yyyy) | 20/October/ 2026 |
|------------------------------------------------|------------------|

If “Yes”

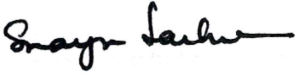
| State the reasons for applying for the exemption                                    |
|-------------------------------------------------------------------------------------|
|  |

#### 5. DETAILS OF SENIOR OFFICER

|                              |                                 |
|------------------------------|---------------------------------|
| Name (First name, Last name) | Soraya Lachman                  |
| Position in Organization     | Manager -Trust Services         |
| Business Address             | 9-17 Park Street, Port of Spain |
| Work Phone (1-xxx-xxxxxxx)   | 1-868-625-3617 ext. 63455       |
| Fax Phone(1-xxx-xxx-xxxx)    | 1-868-624-1266                  |
| Email Address                | soraya.lachman@rfhl.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.

|                   |                                                                                   |                        |                  |
|-------------------|-----------------------------------------------------------------------------------|------------------------|------------------|
| Soraya Lachman    |  | Manager-Trust Services | October 16, 2026 |
| _____             | _____                                                                             | _____                  | _____            |
| <b>Print Name</b> | <b>Signature</b>                                                                  | <b>Position</b>        | <b>Date</b>      |

### 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) \_\_\_\_\_