

FORM 10A
MATERIAL CHANGE REPORT

Pursuant to Section 64 of the Securities Act, 2012



1. NAME OF REPORTING ISSUER

Name of Reporting Issuer
Airports Authority of Trinidad and Tobago

2. DATE OF MATERIAL CHANGE

Date of material change
January 15, 2021

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
Resignation of the Board of the Airports Authority of Trinidad and Tobago effective Friday 15th January, 2021: 1. Mr. Keith Thomas 2. Colonel Lyle Alexander 3. Mr. Joseph Granville 4. Mr. Earl Wilson 5. Ms. Dawn Callender 6. Ms. Reshma Maharaj

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)	To be advised.
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If "Yes"

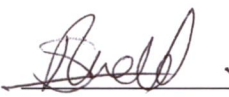
State the reasons for applying for the exemption
N/A

5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Shannon Rudd
Position in Organization	Corporate Secretary
Business Address	Airports Administration Centre, South Terminal, Piarco International Airport, Golden Grove Road, Piarco
Work Phone (1-xxx-xxx-xxxx)	1-868-669-4101 ext 2472
Fax Phone(1-xxx-xxx-xxxx)	1-868-669-6452
Email Address	srudd@tntairports.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>Shannon Rudd</u>	<u></u>	<u>Corporate Secretary</u>	<u>January 19th, 2021</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) _____