## FORM 10

#### MATERIAL CHANGE REPORT



Pursuant to section 64 of the Securities Act, 2012

# 1. NAME OF REPORTING ISSUER

| BERGER PAITS TRINIDAD LIMITED |  |  |  |
|-------------------------------|--|--|--|

## 2. DATE OF MATERIAL CHANGE

MONDAY, OCTOBER 19, 2015

3. DESCRIPTION OF MATERIAL CHANGE



RESIGNATION OF DIRECTOR, MR. JALAJ A. DANI ON 19TH OCTOBER, 2015

APPOINTMENT OF MR. MANISH MAHENDRA CHOKSI TO THE BOARD OF DIRECTORS ON 19TH OCTOBER, 2015

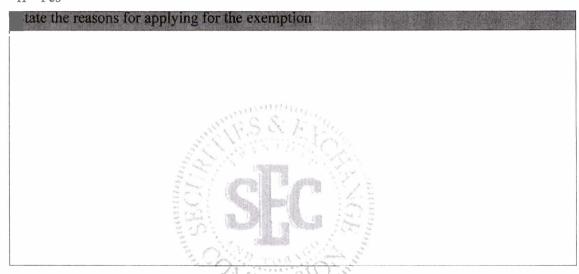
## 4. DETAILS OF PUBLICATION OF MATERIAL CHANGE

|                                                              | YES | NO |
|--------------------------------------------------------------|-----|----|
| Will you be seeking an exemption from publishing a notice in |     | X  |
| accordance with section 64(2) of the Securities Act 2012?    |     |    |
|                                                              |     |    |

# If "No"

| Date of Publication of Notice (dd/mmm/yyyy) | TRINIDAD GUARDIAN ON 22/10/15 |
|---------------------------------------------|-------------------------------|
|---------------------------------------------|-------------------------------|

## If "Yes"



# 5. DETAILS OF SENIOR OFFICER LIVERS

| Name (Salutation, First name, Last name) | MRS. OMAWATIE BIRBAL                           |
|------------------------------------------|------------------------------------------------|
| Position in Organization                 | DIRECTOR/CORPORATE SECRETARY                   |
| Business Address                         | #11, CONCESSIONS ROAD, SEA LOTS, PORT OF SPAIN |
| Work Phone (1-xxx-xxx-xxxx)              | 1-868-623-2231                                 |
| Fax Phone(1-xxx-xxx-xxxx)                | 1-868-627-2468                                 |
| Email Address                            | omawatie.birbal@bergeronline.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.

| OMAWATIE | BIRB | AL |      |
|----------|------|----|------|
| DM AWA   | TIE  | Bi | RBAL |

Omes

DIRECTOR/ CORPORATE SECRETARY

21 Oct 2015

**Print Name** 

Signature

Position

Date

## FOR OFFICIAL USE ONLY

| Tool<br>Registrant's Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID Information                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--|
| Director's Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |  |
| Document / Record Number  Record's Management Date Received (d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (mm/yyyy)                                  |  |
| The state of the s |                                            |  |
| Approved By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date (DD/MM/YŸYY)                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |  |
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