

FORM 10

MATERIAL CHANGE REPORT

Pursuant to section 64 of the Securities Act, 2012



1. NAME OF REPORTING ISSUER

Name of Reporting Issuer
CAPITAL MARKETS ELITE GROUP (TRINIDAD AND TOBAGO) Limited

2. DATE OF MATERIAL CHANGE

Date of material change
JUNE 16, 2020

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>Effective June 16, 2020 Capital Markets Elite Group Limited changed its name to Capital Markets Elite Group (Trinidad and Tobago) Limited. Pursuant to section 214 (1) (a) of the Companies Act, 1995, the Company's Articles were also amended under section 217 of the Companies Act.</p> <p>We further advise that confirmation of the name change was received by the Company on June 26, 2020 from the Registrar General's Office.</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)	03/July/2020
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If "Yes"

State the reasons for applying for the exemption


5. DETAILS OF SENIOR OFFICER

Name (Salutation, First name, Last name)	MR. DUKE POLLARD
Position in Organization	CHIEF EXECUTIVE OFFICER
Business Address	9TH FLOOR, ALBION PLAZA, 22-24 VICTORIA AVENUE, QUEEN'S PARK SAVANNAH, PORT-OF-SPAIN
Work Phone (1-xxx-xxx-xxxx)	1-868-610-2634
Fax Phone(1-xxx-xxx-xxxx)	
Email Address	dpollard@cmelitegroup.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.

DUKE POLLARD

Print Name



Signature

CHIEF EXECUTIVE
OFFICER

Position

AUGUST 10, 2020

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) _____