



FORM 10
MATERIAL CHANGE REPORT

Pursuant to section 64 of the Securities Act, 2012 and by-law 50 of the Securities (General)
By-Laws, 2013

1. NAME OR REPORTING ISSUER

| |
|--------------------------------------|
| Name of Reporting Issuer |
| Citibank (Trinidad & Tobago) Limited |

2. DATE OF MATERIAL CHANGE

| |
|-------------------------|
| Date of material change |
| December 1, 2015 |

3. DESCRIPTION OF MATERIAL CHANGE

| |
|---|
| Provide a description of the material change |
| Michael Toney was appointed to the Board of Citibank (Trinidad & Tobago) Limited with effect from December 1, 2015. |

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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"/> | No |

If "No"

| | |
|--|--|
| Proposed Date of Publication of Notice (dd/mmm/yyyy) | The material change notification will be published in the Guardian and the Newsday on Friday December 4, 2015. |
|--|--|

If "Yes"

| State the reasons for applying for the exemption |
|--|
| N/A |

5. DETAILS OF SENIOR OFFICER

| | |
|------------------------------|---|
| Name (First name, Last name) | Dawn Seepersad |
| Position in Organization | General Counsel/Corporate Secretary |
| Business Address | No. 12 Queen's Park East, Port-of-Spain |
| Work Phone (1-xxx-xxx-xxxx) | 1-868-821-6098 |
| Fax Phone(1-xxx-xxx-xxxx) | 1-868-627-6128 |
| Email Address | dawn.seepersad@citi.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.

_____ **DAWN SEEPERSAD** _____ Dec. 1, 2015
 _____ *[Signature]* _____
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) _____