



FORM 10A

MATERIAL CHANGE REPORT

Apr 27, 2022, 10:15 am

Pursuant to Section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

Name of Reporting Issuer

FIRST CITIZENS DEPOSITORY SERVICES LIMITED

2. DATE OF MATERIAL CHANGE

Date of material change

APRIL 25TH, 2022

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change

Further to material form change filed on August 27, 2021, (a copy of which is enclosed).

We write to advise that effective April 25, 2022 the offices of FCDSL located at 50 St. Vincent Street, Port of Spain would be relocated to:

First Citizens Depository Services Limited

Fourth & Fifth Floors

Albion Plaza

22 - 24 Victoria Avenue

Port of Spain

Please note the adjustment to the previously communicated address in the material change form.


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/mmm/yyyy)	April 22nd, 2022
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If "Yes"

State the reasons for applying for the exemption


5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Lindi Ballah-Tull
Position in Organization	Group Corporate Secretary
Business Address	9 Queens Park East, Port of Spain
Work Phone (1-xxx-xxx-xxxx)	1-868-624-3178 Ext 3070
Fax Phone(1-xxx-xxx-xxxx)	
Email Address	lindi.ballah-tull@firstcitizenstt.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.

LINDI BANWAT-TUN [Signature] Group Corporate Secretary April 22nd, 2022
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) _____