#### **FORM 10**

#### MATERIAL CHANGE REPORT

### Pursuant to Section 64 of the Securities Act, 2012

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Name of Reporting Issuer

FIRST CITIZENS INVESTMENT SERVICES LIMITED

#### 2. DATE OF MATERIAL CHANGE

Date of Material Change

April 14, 2020

### 3. DESCRIPTION OF MATERIAL CHANGE

### Provide a description of the material change

The offices and branches of First Citizens Investment Services Limited and its subsidiaries (First Citizens Brokerage and Advisory Services Limited and First Citizens Portfolio and Investment Management Services) will be closed for the period April 14<sup>th</sup> – April 30<sup>th</sup> in keeping with the government's "stay at home" request for non-essential workers in response to the Covid-19 pandemic.

# 4. DETAILS OF PUBLICATION OF MATERIAL CHANGE

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

# 5. If "No"

Date of Publication of Notice (dd/mm/yyyy)	
Date of Fublication of Notice (dd/mm/yyyy)	

# 6. If "Yes"

tate the reasons	for applying for the exemp	ption	
Customers have lectronic transa		d telephone since March 16th reques	ting their
n addition, this ssential worker		the Government's request to have o	nly

# 7. DETAILS OF SENIOR OFFICER

Name (Salutation, First name, Last name)	Lindi Ballah-Tull
Position in Organization	Corporate Secretary
Business Address	17 Wainwright Street, St. Clair
Work Phone (1-xxx-xxx-xxxx)	1-868-622-3247 ext. 3070
Fax Phone (1-xxx-xxx-xxxx)	
Email Address	Lindi.Ballah-Tull@Firstcitizenstt.com

### 8. 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.

Frint Name Signature Position Date

### FOR OFFICIAL USE ONLY

Tool	ID Information
Registrant's Name	
Director's Name	
Document/Record Number	
Record's Management Date Received (dd/mm/yyyy)	