

**FORM 10**

**MATERIAL CHANGE REPORT**

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

1. NAME OF REPORTING ISSUER

Name of Reporting Issuer

FIRST CITIZENS INVESTMENT SERVICES LIMITED

2. DATE OF MATERIAL CHANGE

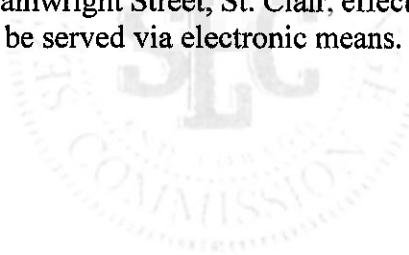
Date of Material Change

May 01, 2020

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change

Management of First Citizens Investment Services Limited took a decision to re-open its head office located at 17 Wainwright Street, St. Clair, effective May 01, 2020 for staff only. Customers will continue to be served via electronic means.



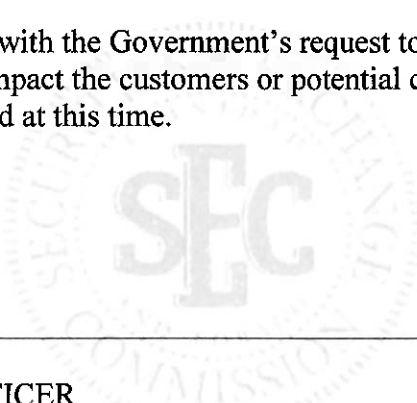
4. DETAILS OF PUBLICATION OF MATERIAL CHANGE

	YES	NO
Will you be seeking an exemption from publishing a notice in accordance with section 64(2) of the Securities Act 2012?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. If “No”

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

6. If “Yes”

State the reasons for applying for the exemption
<p>This measure is in keeping with the Government’s request to have only essential workers at the office and does not impact the customers or potential customers of First Citizens Investment Services Limited at this time.</p> 

7. DETAILS OF SENIOR OFFICER

Name (Salutation, First name, Last name)	Sana Ragbir
Position in Organization	General Manager
Business Address	17 Wainwright Street, St. Clair
Work Phone (1-xxx-xxx-xxxx)	1-868-622-3247 ext. 5900/5901
Fax Phone (1-xxx-xxx-xxxx)	1-868-627-5496
Email Address	sana.ragbir@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.

Sana Ragbir      *Sana Ragbir*      General Manager      May 6<sup>th</sup> 2020  
**Print 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)	

Approved By: \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_