FORM 10

MATERIAL CHANGE REPORT

Pursuant to section 64 of the Securities Act, 2012

1.	NAME	OR	REP	ORTI	NG	ISSU	ER
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Name of Reporting Issuer

	First Citizens Bank Limited
2.	DATE OF MATERIAL CHANGE
<u> </u>	
	Date of material change
	June 01, 2020
3.	DESCRIPTION OF MATERIAL CHANGE
	Provide a description of the material change
	Please be advised that First Citizens Bank Limited has taken the decision to make
	adjustments to some of the branches that have been closed due to the COVID-19
	situation. The details of this are detailed in the attached letter dated May 29, 2020.

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?		Ø

If "No"

Date of Publication of Notice	June 01 , 2020
(dd/mmm/yyyy)	

If "Yes"

State the reasons for	or applying for the exemption	the death of the late of the l

5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Lindi Ballah-Tull
Position in Organization	
	Head – Legal, Compliance and Governance Unit
Business Address	
Control of the Contro	#9 Queen's Park East, Port of Spain
Work Phone (1-xxx-xxx-xxxx)	1-868-624-3178 ext. 3070/2
Fax Phone(1-xxx-xxx-xxxx)	1-868-621-0055
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 op-this application may result in a breach of the Securities Act, 2012.

LINDI BALLAH-TULL

HEAD - LEGAL, COMPLIANCE AND GOVERNANCE

MAY 29, 2020

Print Name

Signature

Position

Date

FOR OFFICIAL USE ONLY

Tool		ID Information
Registrant's Number		
Director's Number	3 12 4 13	
Document / Record Number	1000	
Record's Management Date Received (dd/mm/yyyy)	Sent Service	Manual Property of the State of
Approved By :	Date (DD/MM/YYYY)
Approved By :	Date (DD/MM/YYYY)