



## 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
First Citizens Bank Limited, #9 Queen's Park East, Port-of-Spain

2. DATE OF MATERIAL CHANGE

Date of material change
March 20, 2020

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>Please be advised that First Citizens Bank Limited has taken the decision to adjust its business hours and close some of its Branches as detailed in our letter dated March 23, 2020.</p>

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"

Proposed Date of Publication of Notice (dd/mm/yyyy)	March 24, 2020
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If "Yes"

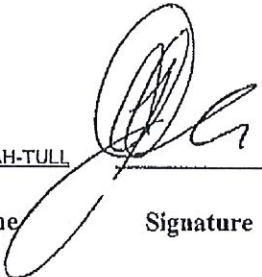
State the reasons for applying for the exemption

5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Lindi Ballah-Tull
Position in Organization	Head, Legal, Compliance and Governance
Business Address	#9 Queen's Park East, Port of Spain
Work Phone (1-XXX-XXX-XXXX)	1-868-624-3178 ext 3070
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 on this application may result in a breach of the Securities Act, 2012.

LINDI BALLAH-TULL  HEAD - LEGAL COMPLIANCE & GOVERNANCE MARCH 23, 2020  
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) _____