



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
Home Mortgage Bank Second Floor, NIBTT Building, 14-19 Queen's Park East, Port of Spain.

2. DATE OF MATERIAL CHANGE

Date of material change
August 19, 2019

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
Mrs. Shamela Bal-Maharaj assumed duties as the Manager, Finance and Treasury on August 19, 2019 in lieu of Mr. Mark Wight who tendered his resignation as Manager, Finance and Treasury, effective June 05, 2019.

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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/mmm/yyyy)	August 23, 2019
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If "Yes"


State the reasons for applying for the exemption

5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Brent Mc Fee
Position in Organization	Acting Chief Executive Officer
Business Address	Home Mortgage Bank, Second Floor, NIBTT Building, 14-19 Queen's Park East, Port of Spain
Work Phone (1-XXX-XXX-XXXX)	1-868-625-4972 Ext. 100
Fax Phone(1-XXX-XXX-XXXX)	1-868-623-3167
Email Address	Brent.McFee@homemortgagett.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.

BRENT MC FEE  CEO (A.g.) Aug 16, 19

Print Name Signature Position Date

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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) _____