

## FORM 10

## MATERIAL CHANGE REPORT

Pursuant to Section 64 of the Securities Act, 2012



<b>General Instructions:</b>	<p>Please complete all relevant sections; where the allocated space is insufficient, you may continue on a separate page and attach to the completed form. All supporting information and attached pages should be appropriately numbered and referenced.</p> <p>This report and any attachments should be certified by a Senior Officer of the Reporting Issuer.</p> <p>Completed reports should be submitted to:</p> <p style="padding-left: 40px;">The Director Market Regulation and Surveillance Trinidad and Tobago Securities and Exchange Commission 57-59 Dundonald Street Port of Spain Trinidad</p>
<b>Item 1</b>	State the name of the reporting issuer, and include its business address.
<b>Item 2</b>	State the date on which the material change occurred.
<b>Item 3</b>	Provide sufficient disclosure regarding the material change to enable a reader to appreciate the nature and substance of the material change without having to refer to any other sources. Examples of matters that would be subject to disclosure include: dates, parties, terms and conditions, effect on financial condition, value, reasons for the change, purpose of the change, and a general comment on the probable impact of the material change on the reporting issuer.
<b>Item 4</b>	State whether the issuer is seeking an exemption from publishing a notice in accordance with section 64(2) of the Securities Act 2012, and complete the associated "yes" or "no" sections of the form accordingly.
<b>Item 5</b>	Give the name, position, business telephone number and email address of a senior officer of the reporting issuer who may be contacted to discuss further details regarding the material change.
<b>Item 6</b>	Include the signature of the Senior Officer identified in Item 5, confirming the material change report, and certifying the statement outlined.

**FORM 10**  
**MATERIAL CHANGE REPORT**

Pursuant to section 64 of the Securities Act, 2012



**1. NAME OF REPORTING ISSUER**

Name of Reporting Issuer
JMMB Bank (T&T) Limited

**2. DATE OF MATERIAL CHANGE**

Date of material change
18th July, 2019

**3. DESCRIPTION OF MATERIAL CHANGE**

Description of change to the material change
<p style="text-align: center;">PT 18th July 2019</p> <p>Passing of Director, Mr. Winston Millett, of JMMB Bank (T&amp;T) Limited on 18th July, 2019.</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 checked="" type="checkbox"/>	<input type="checkbox"/>

If "No"

Date of Publication of Notice (dd/mm/yyyy)	
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If "Yes"

<p>State the reasons for applying for the exemption</p> <p>The Bank is of the view that in accordance with Section 64(1) we notified JMMB (TT) Limited and investors in the subordinated debt of the material change by letter dated 22nd July, 2019. Copies are enclosed for your reference. JMMB (TT) Limited is the Bank's sole shareholder. In the circumstance we would be grateful if publication can be considered unwarranted consistent with Section 64(2) (b).</p>
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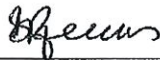
#### 5. DETAILS OF SENIOR OFFICER

Name (Salutation, First name, Last name)	Denise Roopnarinesingh
Position in Organization	Corporate Secretary/Legal Counsel
Business Address	JMMB Bank (T&T) Limited DSM Plaza, Old Southern Main Road, Chaguanas
Work Phone (1-xxx-xxx-xxxx)	1-868-665-4425
Fax Phone (1-xxx-xxx-xxxx)	1-868-665-6663
Email Address	Denise_Roopnarinesingh@jmmb.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.

Denise Roopnarinesingh



Corporate Secretary

12th August, 2019

**Print Name**

**Signature**

**Position**

**Date**

FOR OFFICIAL USE ONLY

Tool		TD Information
Resident's Number		
Director's Number		
Document Title and Number		
Tool's Unique Identifier (Barcode Number)		
Approved By:		Date (DD/MM/YYYY)