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

NATIONAL FLOUR MILLS LIMITED: 27-29 WRIGHTSON ROAD, POS

2. DATE OF MATERIAL CHANGE

Date of material change

JULY 1st 2014

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change

- 1. MR. KELVIN MAHABIR WAS APPOINTED CHIEF EXECUTIVE OFFICER ON JULY 1st 2014 REPLACING MR. MOKESH RAMLAL WHO HAD BEEN ACTING IN THE POSITION FOR SOME TIME.
- 2. MR. ROBERT SUBRYAN ASSUMED CONTROL OF THE FINANCE DEPARTMENT ON JULY 1st 2014. ALTHOUGH THE POSITION OF GENERAL MANAGER, FINANCE WAS ON THE COMPANY'S ESTABLISHMENT, IT HAD BEEN VACANT FOR SOME TIME. THE FINANCIAL CONTROLLER WAS PREVIOUSLY THE MOST SENIOR FINANCE PERSON IN THE COMPANY.

| 4. | DETAILS OF PUBLICATION O | F MATERIAL CHANGE |
|----|--|---|
| 7. | | rom publishing a notice in accordance with XXX |
| | If "No" Proposed Date of Publication of N (dd/mmm/yyyy) | otice THE NOTICES WERE PUBLISHED ON 5TH, 6TH & 9TH JULY, 2014 |
| | If "Yes" State the reasons for applying for | the exemption |
| | | |
| | | |
| 5. | DETAILS OF SENIOR OFFICER | 8 |
| | Name (First name, Last name) | SATI JAGMOHAN |
| | Position in Organization | CORPORATE SECRETARY |
| | Business Address | 27 - 29 WRIGHTSON ROAD PORT OF SPAIN |
| | Work Phone (1-xxx-xxx-xxxx) | 1 868 384-8340 |
| | Fax Phone(1-xxx-xxx-xxxx) Email Address | sati.jagmohan@nfm.co.tt |

5.

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.

| SATI JAGMI | OHAL Stagene | DLOL CORPORATI | Sec. 10/09/14. |
|------------|--------------|----------------|----------------|
| 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) |
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