



FORM 10A

MATERIAL CHANGE REPORT

By nmar at 8:42:11 am, 11/27/2023

Pursuant to Section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

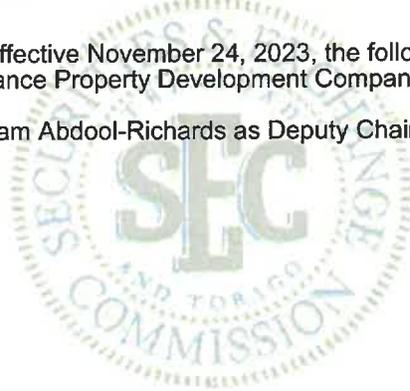
Name of Reporting Issuer
NATIONAL INSURANCE PROPERTY DEVELOPMENT COMPANY LIMITED

2. DATE OF MATERIAL CHANGE

Date of material change
NOVEMBER 24, 2023

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>Please be advised that effective November 24, 2023, the following Material Change occurred within the National Insurance Property Development Company Limited (NIPDEC):</p> <p>Appointment of Dr. Maryam Abdool-Richards as Deputy Chairman on NIPDEC's Board.</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"

Date of Publication of Notice (dd/mmm/yyyy)	29/11/2023
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If "Yes"

State the reasons for applying for the exemption


5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	REYNA KOWLESSAR
Position in Organization	COMPANY SECRETARY/HEAD LEGAL SERVICES
Business Address	No. 56-60 ST. VINCENT STREET, PORT OF SPAIN
Work Phone (1-xxx-xxx-xxxx)	1(868) 625-8750
Fax Phone(1-xxx-xxx-xxxx)	1 (868) 623-0877
Email Address	rkowlessar@nipdec.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.

REYNA KOWLESSAR *Reyna Kowlessar* COMPANY SECRETARY/
HEAD LEGAL SERVICES 24/11/2023

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) _____