



**FORM 10A**

*By nmar at 8:45:23 am, 6 Jun 2025*

**MATERIAL CHANGE REPORT**

**Pursuant to Section 64 of the Securities Act, 2012**

**1. NAME OF REPORTING ISSUER**

<b>Name of Reporting Issuer</b>
POINT LISAS INDUSTRIAL PORT DEVELOPMENT CORPORATION LIMITED

**2. DATE OF MATERIAL CHANGE**

<b>Date of material change</b>
JUNE 02ND, 2025

**3. DESCRIPTION OF MATERIAL CHANGE**

<b>Provide a description of the material change</b>
<p><b>TERMINATION OF EXECUTIVE OFFICERS:</b></p> <p>Effective 02nd June, 2025, the services of the following staff members were terminated:</p> <p>Mr. Niegel Subiah, Vice President - Business Services</p> <p>Ms. Richelle Lyman, Corporate Secretary</p> <p><b>INTERIM MANAGEMENT ARRANGEMENTS:</b></p> <p>Effective 02nd June, 2025, Mrs. Deera Goorahoo-Ramdeo – Manager Finance, will continue to act in the position of Acting Vice President – Business Services, until further notice.</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)	FRIDAY 6TH JUNE, 2025
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If "Yes"

State the reasons for applying for the exemption


#### 5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	KELLY JACKSON-BAYNES
Position in Organization	ASSISTANT SECRETARY
Business Address	PLIPDECO HOUSE, ORINOCO DRIVE, POINT LISAS
Work Phone (1-xxx-xxx-xxxx)	868-636-2201
Fax Phone(1-xxx-xxx-xxxx)	868-636-4008
Email Address	868-730-6689

## 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.

KELLY JACKSON-BAYNES



ASSISTANT SECRETARY

04. JUNE, 2025

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)