



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

Scotiabank Trinidad and Tobago Limited

2. DATE OF MATERIAL CHANGE

Date of material change

May 27 2015 (Certificate of Amalgamation is enclosed)

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change

The amalgamation of Scotiabank Trinidad and Tobago Limited with its wholly owned subsidiary, Scotiatrust and Merchant Bank Trinidad and Tobago Limited. (Certificate of Amalgamation is enclosed)

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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/mm/yyyy) | Published May 10 th , 2015 in the Newsday and on May 11 th 2015 in the Trinidad Express newspapers. |
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If "Yes"

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| State the reasons for applying for the exemption |
| |

5. DETAILS OF SENIOR OFFICER

| | |
|------------------------------|--|
| Name (First name, Last name) | Rachel Laquis |
| Position in Organization | General Manager, Legal And Corporate Secretary |
| Business Address | 56-58 Richmond Street Port of Spain |
| Work Phone (1-xxx-xxx-xxxx) | 625-3566 ext 2205 |
| Fax Phone(1-xxx-xxx-xxxx) | 624-2179 |
| | Rachel.laquis@scotiabank.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.

Rachel Laquis



Corporate Secretary

June 9th 2015

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) _____