

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
TRINIDAD CEMENT LIMITED, SOUTHERN MAIN ROAD, CLAXTON BAY, TRINIDAD

2. DATE OF MATERIAL CHANGE

Date of material change
SEPTEMBER 23, 2014

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>Termination of Dr. Rollin Bertrand Dr. Rollin Bertrand was terminated as the Group CEO of Trinidad Cement Limited and its subsidiaries following a review of his performance by the Board of Directors. The decision was taken by the Board at a meeting held on Thursday, September 18 and communicated to him by letter dated Monday, September 22, 2014, which was delivered on Tuesday, September 23, 2014.</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)	OCTOBER 1, 2014
---	-----------------

If "Yes"

State the reasons for applying for the exemption

5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	KATHRYNA BAPTISTE
Position in Organization	GROUP MANAGER LEGAL/ COMPANY SECRETARY
Residential Address	
Work Phone (1-xxx-xxx-xxxx)	(868) 659-3621
Fax Phone(1-xxx-xxx-xxxx)	(868) 659-0818
Mobile Phone (1-xxx-xxx-xxxx)	
Email Address	kathrynab@tclgroup.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.

KATHRYNA BAPTISTE  GROUP MANAGER LEGAL/
COMPANY SECRETARY SEPTEMBER 30, 2014

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) _____