

FORM 10
MATERIAL CHANGE REPORT

Pursuant to section 64 of the Securities Act, 2012



1. NAME OF REPORTING ISSUER

| |
|---|
| Name of Reporting Issuer |
| Trinidad & Tobago Housing Development Corporation |

2. DATE OF MATERIAL CHANGE

| |
|--------------------------------|
| Date of material change |
| 25th September, 2015 |

3. DESCRIPTION OF MATERIAL CHANGE

| |
|---|
| Provide a description of the material change |
| The following Board member have resigned from the Board of Directors of the Trinidad & Tobago Housing Development Corporation. Shobee Jacelon - effective 25th September, 2015 |

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) |
|--|
| |

If "Yes"

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

5. DETAILS OF SENIOR OFFICER

| | |
|--|----------------------------------|
| Name (Salutation, First name, Last name) | Ms Ann Mahabir |
| Position in Organization | Corporate Secretary |
| Business Address | #44-46 South Quay, Port of Spain |
| Work Phone (1-xxx-xxx-xxxx) | 1-868-612-7432 exts:6101,6102 |
| Fax Phone(1-xxx-xxx-xxxx) | 1-868-625-3963 |
| Email Address | annm@hdc.gov.tt |

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.

ANN MAHABIR



Corporate Secretary

28 September, 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)