



FORM 10

MATERIAL CHANGE REPORT

Pursuant to section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

Name of Reporting Issuer
Unilever Caribbean Limited

2. DATE OF MATERIAL CHANGE

Date of material change
29th November 2019

3. DESCRIPTION OF MATERIAL CHANGE

Description of material change
<p style="text-align: center;"></p> <p>At a Meeting of the Board of Directors of Unilever Caribbean Limited held on the 29th November, 2019, it was resolved that the Board approve the partial restructuring of Unilever Caribbean Limited's Homecare, Warehouse and Administrative functions, which will result in the retrenchment of workers in these areas, with the provision of 45 days' notice of such retrenchment effective on December 3rd, 2019 and to make severance payments in accordance with the terms of the substantive collective bargaining agreement.</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/mm/yyyy)	05 December, 2019
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If "Yes"

State the reasons for applying for the exemption



5. DETAILS OF SENIOR OFFICER

Name (Surname, First name, Last name)	John De Silva
Position in Organization	Managing Director
Business Address	Eastern Main Road, Champs Fleurs, San Juan
Work Phone (1-xxx-xxx-xxxx)	1-868-663-1787
Cell Phone (1-xxx-xxx-xxxx)	1-868-663-9211
Email Address	John.deSilva@unilever.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.

John De Silva



Managing Director

December 4, 2019

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) _____