



## 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
FIRSTCARIBBEAN INTERNATIONAL BANK LIMITED

2. DATE OF MATERIAL CHANGE

Date of material change
SEPTEMBER 07, 2017

3. DESCRIPTION OF MATERIAL CHANGE

<p>Provide a description of the material change</p> <p>Please be advised that at a meeting of the board of directors of FirstCaribbean held September 07, 2017, the board accepted the resignation of Mr. David Arnold as a director effective September 07, 2017.</p> <p>The board appointed Ms. Lynne Kilpatrick as a director of FirstCaribbean to fill the casual vacancy created by Mr. Arnold's resignation also effective September 07, 2017.</p>
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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)	Within the statutory timelines
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If "Yes"

State the reasons for applying for the exemption

**5. DETAILS OF SENIOR OFFICER**

Name (First name, Last name)	BRIAN CLARKE
Position in Organization	GENERAL COUNSEL & CORPORATE SECRETARY
Business Address	MICHAEL MANSOOR BUILDING, WARRENS, ST. MICHAEL, BARBADOS
Work Phone (1-xxx-xxx-xxxx)	246-367-2537
Fax Phone(1-xxx-xxx-xxxx)	246-421-9514
Email Address	brian.clarke@cibfcib.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.

BRIAN CLARKE            GENERAL COUNSEL & CORPORATE SECRETARY      SEPTEMBER 07, 2017  
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) \_\_\_\_\_