



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
PORT AUTHORITY OF TRINIDAD AND TOBAGO PORT ADMINISTRATION BUILDING, 1 DOCK ROAD, PORT OF SPAIN

2. DATE OF MATERIAL CHANGE

Date of material change
2015 November 20

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
THE FOLLOWING APPOINTMENTS TO THE BOARD OF COMMISSIONERS WERE REVOKED : - Mr. Suresh Gangapersad - Chairman - Ms. Florence Ria Ramdin - Deputy Chairman - Mr. Sham Ghool - Commissioner - Ms. Nirmala Harrylal - Commissioner - Ms. Patricia Herry - Commissioner - Ms. Nikolette Nyakh - Commissioner - Mr. Dorant Vassil Jack - Commissioner - Mr. Ian Deosaran - Commissioner

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 checked="" type="checkbox"/>	

If "No"

Proposed Date of Publication of Notice (dd/mmm/yyyy)	
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If "Yes"

State the reasons for applying for the exemption
THE AUTHORITY SHALL BE ISSUING AN ADVERT ADVISING OF THE NEWLY CONSTITUTED BOARD OF COMMISSIONERS.

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5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Marcia Charles-Elbourne
Position in Organization	Port Secretary
Business Address	Port Administration Building, 1 Dock Road, Port of Spain
Work Phone (1-xxx-xxx-xxxx)	1-868-624-4751, 1-868-623-2901-5
Fax Phone(1-xxx-xxx-xxxx)	1-868-624-2034
Email Address	marciac@patnt.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.

MARCIA CHARLES-ELBOURNE ^{PORT} SECRETARY 2015 November 27

Print Name Signature Position Date

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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) _____