



**FORM 10**

**MATERIAL CHANGE REPORT**

**Pursuant to section 64 of the Securities Act, 2012**

**1. NAME OF REPORTING ISSUER**

Name of Reporting Issuer
SCOTIA INVESTMENTS JAMAICA LIMITED

**2. DATE OF MATERIAL CHANGE**

Date of material change
September 29th, 2017.

**3. DESCRIPTION OF MATERIAL CHANGE**

Provide a description of the material change
<p>The Supreme Court of Jamaica by an Order which became effective on 29th September, 2017, approved and Sanctioned a Scheme of Arrangement pursuant to which shares in Scotia Investments Jamaica Limited (other than those held by Scotia Group Jamaica Limited) will be cancelled in consideration for cash payments of J\$38.00 per share. The Order of the Supreme Court of Jamaica was also filed with the Registrar of Companies in Jamaica on 29th September, 2017 thereby giving effect to the Scheme.</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)	05/10/2017
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If "Yes"

State the reasons for applying for the exemption


5. DETAILS OF SENIOR OFFICER

Name (Salutation, First name, Last name)	Lissant Mitchell
Position in Organization	Chief Executive Officer
Business Address	7 Holbom Road Kingston 10 Jamaica
Work Phone (1-xxx-xxx-xxxx)	1-876-960-5866
Fax Phone(1-xxx-xxx-xxxx)	1-876-960-6705
Email Address	lissant.mitchell@scotiabank.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.

LISSANT MITCHELL



CHIEF EXECUTIVE  
OFFICER

29 SEPTEMBER, 2017

Print Name

Signature

Position

Date

**FOR OFFICIAL USE ONLY**

Tool	ID Information
Registrant's Number	
Director's Number	
Document / Record Number	
Records Management Date Received (dd/mm/yyyy)	

Approved By : \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_