



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

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|--|
| Name of Reporting Issuer |
| TRINIDAD CEMENT LIMITED, SOUTHERN MAIN ROAD, CLAXTON BAY, TRINIDAD |

2. DATE OF MATERIAL CHANGE

| |
|-------------------------|
| Date of material change |
| OCTOBER 5, 2016 |

3. DESCRIPTION OF MATERIAL CHANGE

| |
|---|
| Provide a description of the material change |
| RESIGNATION OF A DIRECTOR Trinidad Cement Limited hereby advises that Mr. Christopher Dehring tendered his resignation from the Board of Directors of the Company effective October 5, 2016. |

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? | | X |

If "No"

| | |
|---|------------------|
| Proposed Date of Publication of Notice (dd/mmm/yyyy) | October 10, 2016 |
|---|------------------|

If "Yes"

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

5. DETAILS OF SENIOR OFFICER

| | |
|------------------------------|--|
| Name (First name, Last name) | KATHRYNA BAPTISTE |
| Position in Organization | GROUP MANAGER LEGAL/ COMPANY SECRETARY |
| Business Address | SOUTHERN MAIN ROAD, CLAXTON BAY, TRINIDAD |
| Work Phone (1-xxx-xxx-xxxx) | (868) 659-0787 |
| Fax Phone(1-xxx-xxx-xxxx) | (868) 659-0818 |
| Email Address | kathrynab@tclgroup.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.

KATHRYNA BAPTISTE

Print Name


Signature

GROUP MANAGER LEGAL/
COMPANY SECRETARY

Position

OCTOBER 5, 2016

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) _____