

**FORM 10**

**MATERIAL CHANGE REPORT**

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

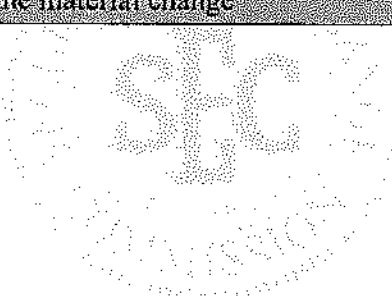
**1. NAME OF REPORTING ISSUER**

<b>Name of Reporting Issuer</b>
EDUCATION FACILITIES COMPANY LIMITED

**2. DATE OF MATERIAL CHANGE**

<b>Date of material change</b>
1ST APRIL 2020

**3. DESCRIPTION OF MATERIAL CHANGE**

<b>Provide a description of the material change</b>
 <p>In accordance with Section 64(1) (b) of the Securities Act, chapter 83:02 the Board of Directors of the Education Facilities Company Limited advises of the following;</p> <ol style="list-style-type: none"><li>1. The cessation of the acting appointment of Mr. David Mark as Chief Executive Officer (Ag.), effective 1st April 2020.</li><li>2. The cessation of the acting appointment of Mrs. Marisa Maraj as Chief Financial Officer (Ag.) effective 1st April 2020.</li></ol>

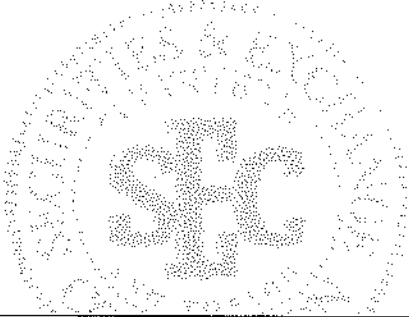
4. DETAILS OF PUBLICATION OF MATERIAL CHANGE

Will you be seeking an exemption from publishing a notice in accordance with section 64(2) of the Securities Act 2012?	YES	NO
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "No"

Date of Publication of Notice (dd/mm/yyyy)	8th April - Express, 8th April, -Newsday
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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)	RHONDA EARLE
Position in Organization	CORPORATE SECRETARY
Business Address	74 LONG CIRCULAR ROAD, MARAVAL
Work Phone (1-xxx-xxx-xxxx)	1-868-628-5155
Fax Phone (1-xxx-xxx-xxxx)	1-868-628-1887
Email Address	Rhonda.Earle@efcl.co.tt

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.

RHONDA EARLE



CORPORATE SECRETARY

14-May-2020

**Print Name**

**Signature**

**Position**

**Date**

**FOR OFFICIAL USE ONLY**

Tool		ID Information	
Registrar's Number			
Director's Number			
Document/ Record Number			
Record's Management Date Received (dd/mm/yyyy)			
Approved By : _____		Date (DD/MM/YYYY) _____	