



4. DETAILS OF PUBLICATION OF ~~FORMER~~ MATERIAL CHANGE

**MATERIAL CHANGE REPORT**

*By nmar at 2:35:56 pm, 02/15/2024*

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

1. NAME OF REPORTING ISSUER

Name of Reporting Issuer
FIRSTCARIBBEAN INTERNATIONAL BANK LIMITED

2. DATE OF MATERIAL CHANGE

Date of material change
FEBRUARY 13, 2024

3. DESCRIPTION OF MATERIAL CHANGE

<p>FirstCaribbean International Bank Limited ("CIBC Caribbean") announces that its wholly-owned subsidiaries, FirstCaribbean International Bank (Cayman) Limited and FirstCaribbean International Bank (Curacao) N.V., have received regulatory approval to sell their banking assets in Curacao and Sint Maarten to Orco Bank N.V.</p> <p>CIBC Caribbean will work with Orco Bank N.V. to ensure a smooth transition for clients and to close the sale in the coming months.</p>
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4. DETAILS OF PUBLICATION OFFER/PROPOSAL CHANGE

**MATERIAL CHANGE REPORT**

	YES	NO
Will you in Pursuant to Section 64 of the Securities Act, 2012	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "No"

Date of Publication of Notice (dd/mm/yyyy)	Within the regulatory timeline required.
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If "Yes"

State the reasons for applying for the exemption

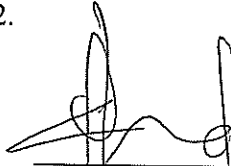
5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	CHERYL WOOD
Position in Organization	ASSISTANT GROUP CORPORATE SECRETARY
Business Address	MICHAEL MANSOOR BUILDING, WARRENS, ST. MICHAEL, BARBADOS
Work Phone (1-xxx-xxx-xxxx)	1-246-367-2244
Fax Phone(1-xxx-xxx-xxxx)	N/A
Email Address	cheryl.wood@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.

CHERYL WOOD



ASSISTANT GROUP  
CORPORATE SECRETARY FEBRUARY 15, 2024

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)