



FORM 10A

MATERIAL CHANGE REPORT *By sgopaul at 1:24:00 PM, 12/13/2023*

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
DECEMBER 7, 2023

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
FirstCaribbean International Bank Limited announces that it will change its legal name to CIBC Caribbean Bank Limited, subject to shareholder and regulatory approval. The transition to the new legal name will align with the adoption of the CIBC brand.

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)	DECEMBER 08, 2023
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If "Yes"

State the reasons for applying for the exemption

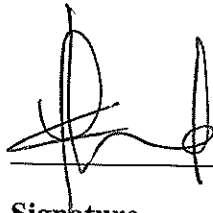
5. DETAILS OF SENIOR OFFICER

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@CIBCFCIB.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 DECEMBER 08, 2023

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) _____