

FORM 10A

MATERIAL CHANGE REPORT

Pursuant to Section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

Name of Reporting Issuer
First Citizens Bank Limited

2. DATE OF MATERIAL CHANGE

Date of material change
June 11, 2021

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>Further to the decision by the Honourable Prime Minister Dr. Keith Rowley to adjust the curfew hours for the weekend, First Citizens Bank Limited has taken the decision to adjust its Friday banking hours.</p> <p>Effective June 11, 2021 the following banking hours would apply:</p> <p>Mall Branches: Monday to Thursday 10.00 a.m. to 4.00 p.m. Friday 9.00 a.m. to 2.00 p.m.</p> <p>Non-Mall Branches: Monday to Friday 8.00 a.m. to 2.00 p.m.</p> <p>The following five (5) branches remain closed: Couva Maraval Montrose Movietowne St.Vincent Street</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/mmm/yyyy)	June 10, 2021
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If "Yes"

State the reasons for applying for the exemption

5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Lindi Ballah-Tull
Position in Organization	Corporate Secretary
Business Address	#9 Queen's Park East, Port of Spain
Work Phone (1-xxx-xxx-xxxx)	1-868-624-3178 ext. 3070
Fax Phone(1-xxx-xxx-xxxx)	
Email Address	lindi.ballah-tull@firstcitizenstt.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.

Lindi Ballah-Tull



Corporate Secretary

11/06/2021

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)