



By nmar at 8:49:02 am, 09/19/2024

FORM 10A

MATERIAL CHANGE REPORT

Pursuant to Section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER


Name of Reporting Issuer
JMMB Bank (T&T) Limited

2. DATE OF MATERIAL CHANGE

Date of material change
18th September, 2024

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
Resignation of Mr. Avinash Bissesar as Treasurer of JMMB Bank (T&T) Limited effective 18th September, 2024.




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 checked="" type="checkbox"/>	<input type="checkbox"/>

If “No”

Date of Publication of Notice (dd/mmm/yyyy)	
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If “Yes”

State the reasons for applying for the exemption
<p>The Bank is of the view that in accordance with Section 64 (1) we notified JMMB (TT) Limited and investors in the subordinated debt of the material change by letter dated September 18, 2024. Copies are enclosed for your reference. JMMB (TT) is the Bank's sole shareholder. In the circumstances, we are grateful if publication can be considered unwarranted consistent with Section 64 (2) (b).</p> 

5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Rachel K.S. Maikhoo
Position in Organization	Corporate Secretary
Business Address	DSM Plaza, Old Southern Main Road, Chaguanas
Work Phone (1-xxx-xxx-xxxx)	1-868-800-5662
Fax Phone(1-xxx-xxx-xxxx)	1-868-665-6663
Email Address	Rachel_Maikhoo@jmmb.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.

Rachel K.S. Maikhoo *Rachel K.S. Maikhoo* Corporate Secretary September 18, 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) _____