



By nmar at 1:42:53 pm, 12 Mar 2025

FORM 10A

MATERIAL CHANGE REPORT

Pursuant to Section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER


| |
|--------------------------|
| Name of Reporting Issuer |
| Massy Holdings Ltd. |

2. DATE OF MATERIAL CHANGE

| |
|-------------------------|
| Date of material change |
| March 10, 2025 |

3. DESCRIPTION OF MATERIAL CHANGE

| |
|--|
| Provide a description of the material change |
| Ms. Chloe Bermudez was appointed as an Independent, Non-Executive Director effective March 10, 2025. |




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) | 12/Mar/2025 |
|--|-------------|

If “Yes”


| State the reasons for applying for the exemption |
|---|
|  |

5. DETAILS OF SENIOR OFFICER

| | |
|------------------------------|--|
| Name (First name, Last name) | Ms. Wendy Kerry |
| Position in Organization | EVP, Group General Counsel & Corporate Secretary |
| Business Address | Third Floor, Invaders Bay Tower, Off Audrey Jeffers Highway, Port of Spain |
| Work Phone (1-xxx-xxx-xxxx) | 1-868-625-3426 |
| Fax Phone(1-xxx-xxx-xxxx) | 1-868-627-9061 |
| Email Address | wendy.kerry@massygroup.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.

Wendy Kerry  EVP, Group General
Counsel & Corporate
Secretary 12/Mar/2025

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) _____