



FORM IOA

MATERIAL CHANGE REPORT

Pursuant to Section 64 of the Securities Act, 2012

Aug 04, 2023, 8:25 am

1. NAME OF REPORTING ISSUER

| |
|-----------------------------|
| Name of Reporting Issuer |
| NCB FINANCIAL GROUP LIMITED |

2. DATE OF MATERIAL CHANGE

| |
|-------------------------|
| Date of material change |
| July 24, 2023 |

3. DESCRIPTION OF MATERIAL CHANGE

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|---|
| Provide a description of the material change |
| NCB Financial Group Limited (NCBFG) has announced the appointment of Director, Robert Almeida, as the interim Group Chief Executive Officer and Mr. Malcolm Sadler, Chief Financial Officer of National Commercial Bank Jamaica Limited (NCBJ), as Interim Group Chief Financial Officer effective July 24, 2023. |

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? | | X |
| IF "NO" | | |
| Date of Publication of Notice (dd/mmm/yyyy) | August 10, 2023 | |
| IF "YES" | | |
| State the reasons for applying for exemptions | N/A | |
| | | |

5. DETAILS OF SENIOR OFFICER

| | |
|------------------------------|--|
| Name (First name, last name) | DAVE GARCIA |
| Position in Organization | GROUP GENERAL COUNSEL & CORPORATE SECRETARY |
| Business Address | 32 TRAFALGAR ROAD, KINGSTON 10, JAMAICA, W. I. |
| Work Phone (I-xxx-xxx-xxxx) | 1 876-935-2445 |
| Fax Phone (1-xxx-xxx-xxxx) | 1 876-929-8930 |
| Email Address | GarciaDL@jncb.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.

DAVE GARCIA *D Garcia* GROUP GENERAL COUNSEL & CORPORATE SECRETARY 03-Aug-2023
Print Name Signature Position Date

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| 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) _____