



# FORM 10

## MATERIAL CHANGE REPORT

Pursuant to section 64 of the Securities Act, 2012 and by-law 50 of the Securities (General)  
By-Laws, 2013

1. NAME OR REPORTING ISSUER

<b>Name of Reporting Issuer</b>
National Insurance Property Development Company Limited 56-60 St. Vincent Street, Port-of -Spain, Trinidad

2. DATE OF MATERIAL CHANGE

<b>ate of material change</b>
Monday January 8, 2018

3. DESCRIPTION OF MATERIAL CHANGE

<b>Provide a description of the material change</b>
Kindly note that the following changes were made to NIPDEC's Board of Directors: I wish to advise that the following persons' terms of office ceased effective January 6, 2018.  Mr. Keston Nancoo; Mr. Selby Leslie.  Additionally, the following persons have been appointed to NIPDEC's Board of Directors effective January 8, 2018: Mr. Douglas Camacho; Mr. Patrick A. Ferreira; Mr. Feyaad Khan.

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**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"

Proposed Date of Publication of Notice (dd/mmm/yyyy)	Wednesday January 10, 2018
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If "Yes"

State the reasons for applying for the exemption

**5. DETAILS OF SENIOR OFFICER**

Name (First name, Last name)	KIM GARIBSINGH
Position in Organization	COMPANY SECRETARY
Business Address	56-60 St. Vincent Street, Port of Spain
Work Phone (1-xxx-xxx-xxxx)	625-8750 ext 4203
Fax Phone(1-xxx-xxx-xxxx)	625-8749 EXT 4112
Email Address	kgaribsingh@nlpdec.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.

KIN GARIBSINGH            COMPANY SECRETARY      08/01/2018  
**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) \_\_\_\_\_