

# 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

Name of Reporting Issuer
PORT AUTHORITY OF TRINIDAD AND TOBAGO PORT ADMINISTRATION BUILDING, 1 DOCK ROAD, PORT OF SPAIN

2. DATE OF MATERIAL CHANGE

Date of material change
9 OCTOBER 2017

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>The appointment of Ms. Charmaine Lewis to the posts of Deputy General Manager, General Manager/ C.E.O. (Ag) and C.E.O. (Ag) POSINCO has been terminated by the Authority with immediate effect from Monday 9th October, 2017.</p> <p>Arrangements are presently being made to advertise and fill the vacancies.</p>

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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)	11/October/2017
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If "Yes"

State the reasons for applying for the exemption

5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Nekisha Charles
Position in Organization	Port Secretary (Ag.)
Business Address	Port Administration Building, 1 Dock Road, Port of Spain
Work Phone (1-xxx-xxx-xxxx)	1-868-623-2901-5
Fax Phone(1-xxx-xxx-xxxx)	1-868-624-2034
	nekishac@patnt.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.

NEXISPA CHARLES      Nekisha C      POST SECRETARY (AS)      2017. 10. 11<sup>th</sup>  
**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) \_\_\_\_\_