

FORM 10A

MATERIAL CHANGE REPORT

Pursuant to Section 64 of the Securities Act, 2012


1. NAME OF REPORTING ISSUER

Name of Reporting Issuer
RBC Royal Bank (Trinidad & Tobago) Limited

2. DATE OF MATERIAL CHANGE

Date of material change
June 19, 2024

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>Ms. Dianne Samuel has resigned from RBC Caribbean Banking and as a consequence she has demitted office as Assistant Company Secretary of the Company with effect from June 19, 2024.</p> 
<p><i>By ccharles at 12:43:27 pm, 09/07/2024</i></p>


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)	To be provided
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If “Yes”

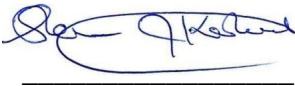
State the reasons for applying for the exemption


5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	Sharon Keshwah-Charles
Position in Organization	Corporate Secretary - RBC Royal Bank (Trinidad & Tobago) Limited
Business Address	RBC Financial (Caribbean) Limited St. Clair Place, 7-9 St. Clair Avenue, Port of Spain
Work Phone (1-xxx-xxx-xxxx)	1-868-625-7288
Fax Phone(1-xxx-xxx-xxxx)	1-868-622-2760
Email Address	sharon.keshwah.charles@rbc.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.

Sharon Keshwah-Charles  Corporate Secretary June 19, 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) _____