



FORM 10

MATERIAL CHANGE REPORT

Pursuant to section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

Name of Reporting Issuer
Scotiabank Trinidad and Tobago

2. DATE OF MATERIAL CHANGE

Date of material change
7th January 2019

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>The Chief Auditor of Scotiabank Trinidad and Tobago Limited ("SBTT"), Ms. Vanessa Mc Pherson, has accepted a position in the Audit Department of the parent bank, The Bank of Nova Scotia, Canada. She demits office as the Chief Auditor of SBTT on January 7th, 2019 on which date Ms. Tricia De La Rosa succeeds to this role. Ms. De La Rosa is currently the Chief Financial Officer of SBTT. Effective January 7th, 2019, Mr. Reshard Mohammed, Vice President and Chief Administration Officer of the SBTT Group, shall directly assume the responsibilities and duties of the CFO.</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)	07-Jan-2019
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If "Yes"

State the reasons for applying for the exemption

5. DETAILS OF SENIOR OFFICER

Name (Salutation, First name, Last name)	RACHEL LAQUIS
Position in Organization	REGIONAL DIRECTOR, LEGAL AND CORPORATE SECRETARY
Business Address	56-58 RICHMOND STREET, PORT OF SPAIN
Work Phone (1-xxx-xxx-xxxx)	1-868-625-3566
Fax Phone(1-xxx-xxx-xxxx)	
Email Address	rachel.laquis@scotiabank.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.

RACHEL LAQUIS



Regional Director, Legal

04-Jan-2019

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) _____