

## FORM 10

## MATERIAL CHANGE REPORT

Pursuant to Section 64 of the Securities Act, 2012



<b>General Instructions:</b>	<p>Please complete all relevant sections; where the allocated space is insufficient, you may continue on a separate page and attach to the completed form. All supporting information and attached pages should be appropriately numbered and referenced.</p> <p>This report and any attachments should be certified by a Senior Officer of the Reporting Issuer.</p> <p>Completed reports should be submitted to:</p> <p style="padding-left: 40px;">The Director Market Regulation and Surveillance Trinidad and Tobago Securities and Exchange Commission 57-59 Dundonald Street Port of Spain Trinidad</p>
<b>Item 1</b>	State the name of the reporting issuer, and include its business address.
<b>Item 2</b>	State the date on which the material change occurred.
<b>Item 3</b>	Provide sufficient disclosure regarding the material change to enable a reader to appreciate the nature and substance of the material change without having to refer to any other sources. Examples of matters that would be subject to disclosure include: dates, parties, terms and conditions, effect on financial condition, value, reasons for the change, purpose of the change, and a general comment on the probable impact of the material change on the reporting issuer.
<b>Item 4</b>	State whether the issuer is seeking an exemption from publishing a notice in accordance with section 64(2) of the Securities Act 2012, and complete the associated "yes" or "no" sections of the form accordingly.
<b>Item 5</b>	Give the name, position, business telephone number and email address of a senior officer of the reporting issuer who may be contacted to discuss further details regarding the material change.
<b>Item 6</b>	Include the signature of the Senior Officer identified in Item 5, confirming the material change report, and certifying the statement outlined.

FORM 10  
MATERIAL CHANGE REPORT

Pursuant to section 64 of the Securities Act, 2012



1. NAME OF REPORTING ISSUER

Name of Reporting Issuer
Scotia Caribbean Income Fund

2. DATE OF MATERIAL CHANGE

Date of material change
February 24, 2017

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
<p>As part of an internal re-organization, Scotia Asset Management (Jamaica) Limited, the Sub-Manager and Sub-Advisor of the Fund, intends to transfer its asset management activities to its parent company, Scotia Investments Jamaica Limited. As a result, effective on or about March 31, 2017, Scotia Investments Jamaica Limited will be appointed as Sub-Advisor and Sub-Manager for the Fund subject to receipt of prior regulatory approval. No impact is expected to the Fund's business operations, its portfolio management team or its investment management approach. All other service providers to the Fund remain the same, including the sub-administrator, registrar and transfer agent.</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)	03/03/2017
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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)	Hugh Miller
Position in Organization	Chief Operating Officer
Business Address	7 Holborn Road, Kingston 10
Work Phone (1-xxx-xxx-xxxx)	1-876-960-6700
Fax Phone(1-xxx-xxx-xxxx)	1-876-929-6383
Email Address	hugh.miller@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.

HUGH MILLER            C.O.O.      Feb-24-2017

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) \_\_\_\_\_