



FORM 10

MATERIAL CHANGE REPORT

Pursuant to section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

Name of Reporting Issuer
SCOTIA INVESTMENTS JAMAICA LIMITED

2. DATE OF MATERIAL CHANGE

Date of material change
September 29th, 2017.

3. DESCRIPTION OF MATERIAL CHANGE

Provide a description of the material change
The Board of Directors of Scotia Investments Jamaica Limited unanimously resolved to delist the company from the Jamaica Stock Exchange and/or the Trinidad & Tobago Stock Exchange in accordance with their respective rules and that requests for delisting be sent to both with immediate effect.

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/mm/yyyy)	06/10/2017
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If "Yes"

State the reasons for applying for the exemption

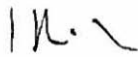
5. DETAILS OF SENIOR OFFICER

Name (Salutation, First name, Last name)	Lissant Mitchell
Position in Organization	Chief Executive Officer
Business Address	7 Holborn Road Kingston 10 Jamaica
Work Phone (1-xxx-xxx-xxxx)	1-876-960-5866
Fax Phone(1-xxx-xxx-xxxx)	1-876-960-6705
Email Address	lissant.mitchell@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.

LISSANT MITCHELL



CHIEF EXECUTIVE  
OFFICER

4 OCTOBER, 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) _____	