

**FORM 10A**

**MATERIAL CHANGE REPORT**

**Pursuant to Section 64 of the Securities Act, 2012**


1. NAME OF REPORTING ISSUER

<b>Name of Reporting Issuer</b>
TRINIDAD CEMENT LIMITED

2. DATE OF MATERIAL CHANGE

<b>Date of material change</b>
MARCH 31, 2024

3. DESCRIPTION OF MATERIAL CHANGE

<b>Provide a description of the material change</b>
<p><b>CHANGE TO EXECUTIVE MANAGEMENT</b></p> <p>Trinidad Cement Limited ("TCL" or "the Company") hereby advises that Mr. Navin Dwarpaal – Health and Safety Manager has relinquished his position with the Company effective March 31, 2024.</p> <p>In the interim, Mr. Francisco Aguilera Mendoza – Managing Director has assumed oversight of the portfolio of the Health and Safety Manager, until further notice.</p>  <p><i>By ccharles at 12:37:00 pm, 04/04/2024</i></p>

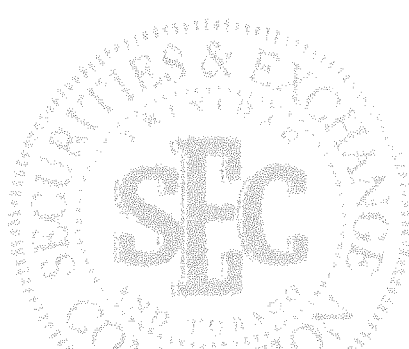
4. DETAILS OF PUBLICATION OF MATERIAL CHANGE

	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)	April 4, 2024
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If "Yes"

State the reasons for applying for the exemption


5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	DENISE MICHELLE ROOPNARINESINGH
Position in Organization	GROUP MANAGER LEGAL/COMPANY SECRETARY
Business Address	SOUTHERN MAIN ROAD, CLAXTON BAY, TRINIDAD W.I.
Work Phone (1-xxx-xxx-xxxx)	1-868-225-8254
Fax Phone(1-xxx-xxx-xxxx)	
Email Address	denisemichelle.roopnarinesingh@cemex.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.

DENISE MICHELLE  
ROOPNARINESINGH



GROUP MANAGER LEGAL/  
COMPANY SECRETARY

April 3, 2024

**Print Name**

**Signature**

**Position**

**Date**

**FOR OFFICIAL USE ONLY**

<b>Tool</b>	<b>ID Information</b>
Registrant's Number	
Director's Number	
Document / Record Number	
Record's Management Date Received (dd/mm/yyyy)	

Approved By : \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_