



Bahamas International Securities Exchange

Bahamas International Securities Exchange  
 50 Exchange Place, Bay Street  
 P. O. Box EE-15672, Nassau, Bahamas

Telephone: (242) 323-2330 Facsimile: (242) 323-2320  
 Email: info@bisxbahamas.com Website: www.bisxbahamas.com

**CHANGE OF DIRECTOR NOTIFICATION FORM – BISX RULES, SECTION 7, SUBSECTION 2.1(1)(x)**

This form must be completed and filed with BISX by the Listed Company whenever there is a change in a Company's Directorships.

**\* Each new Director must ALSO complete and file a Directors Declaration Form with BISX.**

| Company Name   |                                                                                                    | FirstCaribbean International Bank (Bahamas) Limited |                                            |     |
|----------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------|-----|
| Type of Change | Full name of Individual(s)                                                                         | Effective date of change                            | Director's Declaration Attached (Yes / No) |     |
|                | If an appointment, state whether the position is <u>executive (E)</u> or <u>non-executive (NE)</u> |                                                     |                                            |     |
| 1:             | Appointment                                                                                        | Brian Clarke -executive (E)                         | April 3, 2024                              | Yes |
| 2:             |                                                                                                    |                                                     |                                            |     |
| 3:             |                                                                                                    |                                                     |                                            |     |
| 4:             |                                                                                                    |                                                     |                                            |     |
| 5:             |                                                                                                    |                                                     |                                            |     |
| 6:             |                                                                                                    |                                                     |                                            |     |
| 7:             |                                                                                                    |                                                     |                                            |     |
| 8:             |                                                                                                    |                                                     |                                            |     |
| 9:             |                                                                                                    |                                                     |                                            |     |
| 10:            |                                                                                                    |                                                     |                                            |     |

If necessary, supplement this page with additional sheets containing the same information requested above and any other relevant information relating to the nature of any specific function or responsibility.

Signed by: Sherrylyn Bastian

Date: April 3, 2024

Corporate Secretary

\* If signed by an Authorized Representative, a copy of the Resolution referencing the change must also be submitted with this form.

| For Official Use Only           |                                     |                     |
|---------------------------------|-------------------------------------|---------------------|
| Director's Declaration Required | Market Control Review & Signoff     | Resolution Required |
| Director's Declaration Received | Legal & Compliance Review & Signoff | Resolution Received |
| Public Disclosure Verified      |                                     |                     |