

### SCHEDULE 3

#### FORM ECSRC - MC

#### *Disclosure of Material Information*

Date of Report 14<sup>th</sup> June 2017

THE BANK OF NEVIS LIMITED

(Exact name of reporting issuer as specified in its charter)

Territory and date of Incorporation CHARLESTOWN, NEVIS, 29<sup>TH</sup> AUGUST 1985

Issuer Registration Number: BON290885KN

BANK OF NEVIS BUILDING, MAIN STREET, CHARLESTOWN, NEVIS

(Address of principal office)

Reporting issuer's:

Telephone number (including area code): 1-869-469-5564

Fax number: 1-869-469-5798

Email address: INFO@THEBANKOFNEVIS.COM

(Former name or former address, if changed since last report)

Set out all relevant information relating to material change(s) in the company.

Effective 26<sup>th</sup> May 2017, Mrs. Kamilah Anderson-Rodgers demitted office as Risk and Compliance Manager of The Bank of Nevis Limited.

## SIGNATURES

A Director and the Chief Executive Officer or Corporate Secretary shall sign the Disclosure of Material Information Report on behalf of the company. By so doing each certifies that he has made diligent efforts to verify the material accuracy and completeness of the information herein contained.

Name of Chief Executive Officer/Corporate Secretary:

CINDY HERBERT



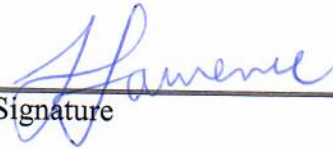
Signature

14/06/2017

Date

Name of Director:

LAURIE LAWRENCE



Signature

14/06/2017

Date