SIGNATURES

FORM ECSRC - MC

Disclosure of Material Information

Date of Report	3 rd July 2017	
THE BANK (OF NEVIS LIN	MITED
	(Exact name o	of reporting issuer as specified in its charter)
Territory and date of	of Incorporation	CHARLESTOWN, NEVIS, 29 TH AUGUST 1985
Issuer Registration	Number:	BON290885KN
BANK OF NEV	IS BUILDING, 1	MAIN STREET, CHARLESTOWN, NEVIS
		(Address of principal office)
Reporting issuer's:		
Telephone number (including area o	code): <u>1-869-469-5564</u>
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 3rd July 2017, Ms. Marva Walywn was appointed as Acting 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:	Name of Director:
CINDY HERBERT	LAURIE LAWRENCE
SIGNED AND CERTIFIED	SIGNED AND CERTIFIED
3/07/2017 Date	3/07/2017 Date

BIOGRAPHICAL DATA FORMS

EXECUTIVE OFFICERS AND OTHER KEY PERSONNEL OF THE COMPANY

Name: MARVA Z	WALWYN	Position: RISK AND COMPLIANCE OFFICE	
		Age: <u>42</u>	
Mailing Address:	C/O THE BANK OF NEVIS LTD		
S	MAIN STREET CHAR		
	NEVIS		
Telephone No.:	869 469 5564		
	ring past five years (including a potion of <u>current</u> responsibilities	names of employers and dates of employment). es.	
RSK AND COMPLIA	ANCE MANAGER - JULY 3 2017		
THE BANK OF NEV	VIS LTD - SENIOR OPERATIONS	SUPERVISOR - JANUARY 2012 - JUNE 2017	
RESPONSIBILITIES DEVELOPING, IMP		RING THE BANK'S COMPLIANCE PROGRAMME	
Education (degree	es or other academic qualificat	tions, schools attended, and dates):	
BSC - UNIVERSIT	TER BUSINESS SCHOOL 2008 PY OF THE WEST INDIES 2000 IONAL RISK MANAGEMENT 201	15	
Also a Director o	f the company Yes	√No	
If retained on a pa	art time basis, indicate amount	t of time to be spent dealing with company matters:	
Use additional she	ets if necessary.		