



FORM 10

MATERIAL CHANGE REPORT

Pursuant to section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

| |
|---|
| Name of Reporting Issuer |
| GUARDIAN ASSET MANAGEMENT AND INVESTMENT SERVICES |

2. DATE OF MATERIAL CHANGE

| |
|-------------------------|
| Date of material change |
| NOVEMBER 22 2018 |

3. DESCRIPTION OF MATERIAL CHANGE

| |
|---|
| Provide a description of the material change |
| GUARDIAN ASSET MANAGEMENT AND INVESTMENT SERVICES LIMITED WISHES TO ADVISE THAT MRS. JANET SKINNER HAS BEEN APPOINTED AS DIRECTOR TO THE BOARD WITH EFFECT FROM NOVEMBER 22 2018. |

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) | NO LATER THAN NOVEMBER 29TH 2018 |
|--|----------------------------------|

If "Yes"

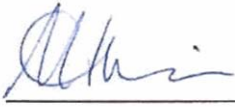
| State the reasons for applying for the exemption |
|--|
| N/A |

5. DETAILS OF SENIOR OFFICER

| | |
|--|-----------------------------------|
| Name (Salutation, First name, Last name) | MS. NARISA HOSEIN |
| Position in Organization | VP INVESTMENTS |
| Business Address | 1 GUARDIAN DRIVE WESTMOORINGS |
| Work Phone (1-xxx-xxx-xxxx) | 1-868-226-2756 |
| Fax Phone(1-xxx-xxx-xxxx) | 1-868-632-5695 |
| Email Address | narisa.hosein@myguardiangroup.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.

NARISA HOSEIN  VP INVESTMENTS NOVEMBER 23 2018

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) _____