



FORM 10

MATERIAL CHANGE REPORT

Pursuant to section 64 of the Securities Act, 2012

1. NAME OF REPORTING ISSUER

| |
|---------------------------|
| Name of Reporting Issuer |
| GUARDIAN HOLDINGS LIMITED |

2. DATE OF MATERIAL CHANGE

| |
|-------------------------|
| Date of material change |
| MARCH 1, 2019 |

3. DESCRIPTION OF MATERIAL CHANGE

| |
|--|
| Provide a description of the material change |
| <p>Guardian Holdings Limited (GHL) hereby advises that Mr. David Maraj has been appointed as Group Chief Financial Officer with effect from March 1, 2019.</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) | MARCH 4, 2019 |
|---|---------------|

If "Yes"

| State the reasons for applying for the exemption |
|--|
|  |

5. DETAILS OF SENIOR OFFICER

| | |
|--|--|
| Name (Salutation, First name, Last name) | MRS. KATHRYN ABDULLA |
| Position in Organization | CORPORATE SECRETARY |
| Business Address | 1 GUARDIAN DRIVE, WESTMOORINGS, TRINIDAD |
| Work Phone (1-xxx-xxx-xxxx) | 1-868-226-2043 |
| Fax Phone (1-xxx-xxx-xxxx) | 1-868-632-5695 |
| Email Address | Kathryn.Abdulla@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.

KATHRYN ABDULLA

Kathryn Abdulla

CORPORATE SECRETARY

MARCH 1, 2019

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) _____