

New   
Change



# Notice of Record & Meeting Dates

Issuer Name (maximum 30 characters)

English Senternet Phi Gamma Inc.

French \_\_\_\_\_

Address

80 Richmond Street West, Suite 501  
Toronto, ON M5H 2A4

Telephone

416-364-9509

Contact Name

Moe Wortzman

Transfer Agent

Heritage Transfer Agency Inc.

CUID

CTAH

Name

Moe Wortzman

Telephone

4163649509

Address

80 Richmond St. W. Suite 501, Toronto, ON M5H 2A4

Email Address

heritagetransferagency@gmail.com

Contact Name

Moe Wortzman

Proxy Type

Meeting Type

Material Distribution Type

Record Date 05/14/2018

Meeting Date 06/13/2018

Material Mail Date 05/21/2018

Management  Annual  Special

Dissenting  General  Extraordinary

Form C holders only

All holders

Payment for publication

Payment enclosed

To be invoiced (Transfer Agents only)

Province (must be selected)

# of publications at \$100.00 per publication \$ \_\_\_\_\_

Plus 5% GST \$ 100.00

or 13% HST (ON, NL, NB residents only) \$ 13.00

or 14% HST (PEI residents only) \$ \_\_\_\_\_

or 15% HST (NS residents only) \$ \_\_\_\_\_

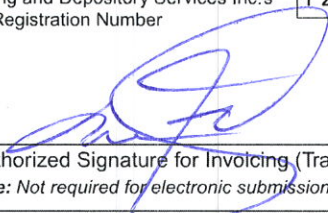
Plus 9.975% QST (Quebec residents only) \$ \_\_\_\_\_

Note: Calculated QST amount is rounded up to the nearest cent.

Total payment enclosed \$ 113.00

Clearing and Depository Services Inc.'s GST/HST Registration Number 8 4 4 1 8 2 1 2 1 RT 0 0 0 1

Clearing and Depository Services Inc.'s QST Registration Number 1 2 1 2 4 6 4 6 5 8 T Q 0 0 0 1

  
Authorized Signature for Invoicing (Transfer Agents only)

Note: Not required for electronic submission.

ISIN

Voting Status

Security Description

CA81727V103

Y N

Early Search (Determination of Intermediaries)

Send Early Search report to:  Transfer Agent  Issuer  Other (statutory declaration required)

Send via: Mail  Courier (collect)  CDS Envelope System  Fax #: 416-864-0175

Proxy Related Material

Will be distributed by:  Transfer Agent  Issuer  Other

Holders of Record

Send Holders of Record and Omnibus Proxy to:  Transfer Agent  Issuer  Other

Send via:  Mail  Courier  CDS Envelope System

This Notice and Request for services is authorized by:

Transfer Agent  Issuer  Third Party

\_\_\_\_\_  
Name of Requesting Party

All services provided by Clearing and Depository Services Inc. here under are subject to the terms and conditions printed on the reverse of this form.

President

Title

  
Signature

04/25/2018

Date

CDS Clearing and Depository Services Inc.