

Client Registration Form.

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APPLICANT INFORMATION

Applicant's Name:

surname	given name
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Date of Birth:
(mm/dd/yyyy)

Gender:

female male other

Address Line 1:

street	postal
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Address Line 2:

city	province	fax #
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Email Address*:

(would you like to sign up for online shopping?)

telephone #

Mailing Address Line 1:
(if different from residence)

street	postal
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Address Line 2:

city	province	fax #
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telephone #

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INDIVIDUAL(S) RESPONSIBLE FOR THE APPLICANT

(If you have caregiver(s),
please complete this section)

Person 1 Name:

surname	given name
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Date of Birth:
(mm/dd/yyyy)

Gender:

female male other

Email Address*:

I,

am responsible for

**Individual
Responsible for
Applicant Signature:**

Date:

Person 2 Name:

surname	given name
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Date of Birth:
(mm/dd/yyyy)

Gender:

female male other

Email Address*:

I,

am responsible for

**Individual
Responsible for
Applicant Signature:**

Date:

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HEALTH CARE PRACTITIONER INFORMATION (Please complete this section)

Name:	surname	given name	
Title/Profession:			
Clinic Business Name:			
Address Line 1:	street	postal	
Address Line 2:	city	province	fax #
Shipping Address Line 1: (if different from mailing address)	street	postal	
Address Line 2:	city	province	fax #
		telephone #	
I,	name of healthcare practitioner		
	consent to receive dried cannabis or cannabis oil on behalf of		
	applicant's name		
Health Care Practitioner Signature:			
Date:			

*Withdrawal of consent by the Health Care Practitioner:
If the Health Care Practitioner ceases to consent to receive dried cannabis or cannabis oil for the applicant, the practitioner must send a written notice to that effect to the client and to the Licensed Producer

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ADDITIONAL INFORMATION (optional)

Is there anything else you would like us to know?

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ACKNOWLEDGEMENT

The Applicant and/or the Person Responsible for the Applicant Must Read and Acknowledge the Following:

- * The applicant is ordinarily a resident of Canada.
- * The information in the application and medical document is correct and complete.
- * The medical document is not being used to seek or obtain fresh or dried cannabis, or cannabis oil from another source.
- * The original medical document accompanies this application.
- * The original medical document used to form the basis of this application has not, to the knowledge of the individual signing the statement, been altered.
- * The applicant will use fresh or dried cannabis or cannabis oil only for their own medical purposes.

Applicant / Individual Responsible Signature:

signature

date

IMPORTANT NOTE: When returning this application please include the original medical document signed & dated by your health care practitioner. The original copy of the medical document is required to complete your registration.