

**Complete this form if you have a permanent residence**

If you are a person responsible for the applicant, please complete page 2 of this form and include it in the application package

### Applicant information

First name  Last name

Date of birth  Gender  Male  Female Preferred language  English  French

MM/DD/YYYY

**Optional information**

Veterans Blue Cross #

### Contact information

**Physical address - Primary Physical Residence must be in Canada.**

If providing a box # you must also include your physical residence.

If you live in a business, hotel, shelter, hostel or similar establishment, please complete Application Form B.

Address line 1  Address line 2

City  Province  Postal code

Phone #  Ext.  Cell #

E-mail address  Fax #

An email address is required for you to order online

**Mailing address - If different than above.**

Address line 1  Address line 2

City  Province  Postal code

### Shipping address - Please ship my

**Physical Address**
 **Mailing Address**

### Declaration of the Applicant or the Person Responsible For the Applicant

**Important, please read and sign below:**

- The applicant acknowledges that medical cannabis is not approved for the use as a drug in Canada, that its indications, safety and risks have not been adequately studied and the appropriate dosage is unclear. The applicant acknowledges and agrees that he or she is using any medical cannabis product obtained from [ ] Ltd. at his or her own risk, and releases [ ] (and its production partners, including [ ]) from any and all actions, claims, complaints and demands for damages, loss or injury arising directly or indirectly as a consequence of the use of medical cannabis obtained from [ ].
- The applicant is ordinarily a resident in Canada.
- The information in the application and Medical Document or Registration Certificate is correct and complete.
- The Medical Document or Registration Certificate is not being used to seek or obtain fresh or dried cannabis, or cannabis oil from another source.
- The original Medical Document or copy of Registration Certificate (to provide interim supply) is provided in support of this application or has/will be sent separately.
- The applicant will use fresh or dried cannabis, or cannabis oil, only for their own medical purposes.
- The applicant gives consent to [ ] to forward the necessary personal information to our production licensed producer, the applicant's health care practitioner and service provide [ ], shipping, verification and distribution purposes only. Note: this consent is required to receive our products.
- The applicant gives consent to his or her health care practitioner to forward the necessary personal information to [ ] in order to register the applicant and fulfill his or her orders.

**SIGNATURE** \_\_\_\_\_ **Date**

Applicant/Person responsible for Applicant MM/DD/YYYY

# Application Form A

Applicant with a permanent residence

Complete this page and include it in the application package only if you are a person responsible for the applicant  
Space is provided for up to three persons responsible for the applicant

## First person responsible for the Applicant

Caregiver name    
Given name(s) Surname

Date of birth  Gender  Male  Female  
MM/DD/YYYY

E-mail address  Phone #  Ext.

Declaration of person responsible for the applicant:  
I,  am responsible for   
Person responsible for Applicant Applicant

Person responsible for Applicant signature \_\_\_\_\_ Date   
MM/DD/YYYY

## Second person responsible for the Applicant

Caregiver name    
Given name(s) Surname

Date of birth  Gender  Male  Female  
MM/DD/YYYY

E-mail address  Phone #  Ext.

Declaration of person responsible for the applicant:  
I,  am responsible for   
Person responsible for Applicant Applicant

Person responsible for Applicant signature \_\_\_\_\_ Date   
MM/DD/YYYY

## Third person responsible for the Applicant

Caregiver name    
Given name(s) Surname

Date of birth  Gender  Male  Female  
MM/DD/YYYY

E-mail address  Phone #  Ext.

Declaration of person responsible for the applicant:  
I,  am responsible for   
Person responsible for Applicant Applicant

Person responsible for Applicant signature \_\_\_\_\_ Date   
MM/DD/YYYY