



Registration Application Form

1. PERSONAL INFORMATION:

Surname: _____ Given Name(s): _____

Date of Birth (MM/DD/YYYY): _____ Gender (circle one): **M** **F** **U**

2. CONTACT INFORMATION:

Address of Residence:

Street Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number (If Applicable): _____

Fax Number (If Applicable): _____

Email Address (If Applicable) _____

Mailing Address (if different from address of residence):

Unit # _____ Street Address: _____

City: _____ Province: _____ Postal Code: _____

Please indicate if the **Address of Residence** listed above is (circle one):

A. A private residence **OR** **B.** An establishment (i.e. Shelter, Hostel, Long-Term care residence)

If you selected **B** above, please complete the following section:

Name of Establishment: _____

Type of Establishment: _____

Certification by Establishment:

I hereby certify that I am a manager of the establishment listed above, and that we provide food, lodging, or other social services to the Applicant listed above.

Name (Please print): _____

Signature: _____ Date (MM/DD/YY): _____

3. SHIPPING INFORMATION:

Please indicate from the following list how you would like us to ship your orders:

- A. Ship my orders to my address of residence
- B. Ship my orders to my Health Care Practitioner

If you selected **B.**, please complete the section 4 below.

4. HEALTH CARE PRACTITIONER INFORMATION:

(Note: only complete this section if you would like us to ship your orders to your Health Care Practitioner as indicated in Section 3)

Health Care Practitioner's Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Certification by Healthcare Practitioner:

I hereby consent to receive cannabis on behalf of the applicant listed above.

Name (Please print): _____

Signature: _____ Date (DD/MM/YY): _____

Note: If at any time you wish to withdraw consent to receive cannabis on behalf of the applicant, you must provide written notice to that effect to both the applicant and the Licensed Producer

5. RESPONSIBLE PERSON(S):

Is another individual(s) responsible for the applicant (substitute decision maker)? (Please Circle One):

YES or **NO**

If **YES**, please provide the following information for the Responsible Individual(s):

Surname: _____ Given Name(s): _____

Date of Birth(MM/DD/YYYY): _____ Relationship to Applicant: _____

E-mail: _____ Telephone Number: _____

Number of Individuals Responsible for the Applicant: _____

Certification by Person Responsible for the Applicant:

I hereby certify that I am responsible for the Applicant named above.

Signature: _____ Date (MM/DD/YY): _____

Note: If there is more than one individual responsible for the applicant, please append extra pages as necessary

6. DECLARATION

The following declaration should be signed either by the Applicant or the person responsible for the Applicant:

1. I hereby certify that the applicant named herein is normally a resident in Canada.
2. I further certify that information given in this application and in any appended documents (i.e. proof of legal name change) is both correct and complete.

Signature: _____

Name (please print): _____ Date (MM/DD/YY): _____