

Appendix A3: Registration Application

To be completed if the 'Mailing and/or Shipping addresses are different from the 'Contact Address'

MAILING ADDRESS (IF DIFFERENT FROM CONTACT ADDRESS)

Address 1

Address 2

City

Province

Postal Code

SHIPPING ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

Address 1

Address 2

City

Province

Postal Code

To be completed by the Health Care Practitioner who provided the medical document,
if they consent to receive dried marihuana and/or cannabis oil on behalf of the applicant:

I _____, consent to receive dried marihuana and/or cannabis
oil on behalf of the applicant.

Health Care Practitioner

Health Care
Practitioner's Signature

Date

MMM / DD / YYYY