

Registration Application

Before registering a client, the Starseed Client Service Department must obtain this application in full from the client or an individual who is responsible for the client.

APPLICANT'S INFORMATION

NOTE: If you are completing this document on behalf of the applicant (responsible individual), please complete 'Appendix A1' available at <http://www.starseed.com/register/AppendixA1>

Name

Last Name

First Name

Date of Birth

MMM / DD / YYYY

Gender☐

Male

☐

Female

☐

X

UNION INFORMATION

NOTE: Union Members Only. Ensure to select the appropriate box to confirm your status with the union.

Insurance Company**Group Policy Number****Cert/Member #****Local**☐

Active Member

☐

Active Dependant

☐

Retiree Member

☐

Retiree Dependant

CONTACT ADDRESS

NOTE: If the applicant is without a permanent address and receives services from an institution, please complete 'Appendix A2' available at <http://www.starseed.com/register/AppendixA2>

Address 1**Address 2****City****Province****Postal Code****Telephone****Fax****Email**

I would like you to leave a message on my voicemail if I am not home:

☐

Yes

☐

No

Is your 'Mailing Address' the same as your 'Contact Address'?

☐

Yes

☐

No

Is your 'Shipping Address' the same as your 'Contact Address'?

☐

Yes

☐

No

NOTE: If you answered 'No' to either of the questions above, please complete 'Appendix A3' available at <http://www.starseed.com/register/AppendixA3>

HEALTH CARE PRACTITIONER INFORMATION

Please provide contact information for the Health Care Practitioner that provided the medical document.

NOTE: The applicant must include the original medical document with this application.

Name**Profession****Address 1****Address 2****City****Province****Postal Code****Telephone****Fax****Email****AUTHORIZATION OF APPLICANT**

NOTE: If you are completing this document on behalf of the applicant (responsible individual), please complete 'Appendix A1' available at <http://www.starseed.ca/register/AppendixA1>

As applicant or a responsible individual you acknowledge, attest, agree and consent to the following:

- (i) the applicant ordinarily resides in Canada;
- (ii) the information in the application is correct and complete;
- (iii) the medical document that forms the basis for the application has not, to the knowledge of the individual signing the statement, been altered;
- (iv) the medical document is not being used to seek or obtain cannabis products from another source;
- (v) in the case where the applicant is signing the statement, they intend to use any cannabis product that is supplied to them on the basis of the application only for their own medical purposes; and
- (vi) in the case where an adult who is responsible for the applicant is signing the statement, they are responsible for the applicant.

The applicant acknowledges that dried cannabis and/or cannabis oil is not an approved therapeutic product and cannabis has not been authorized through the standard Health Canada drug approval process because the available scientific evidence does not establish the safety and efficacy of cannabis to the extent required by the Food and Drug Regulations for marketed drugs in Canada.

The applicant acknowledges that they are using any medical cannabis or related product obtained from Starseed Medicinal Inc. at their own risk. The applicant also specifically releases Starseed Medicinal Inc. (and its service providers, officers, directors and staff) from any and all actions, claims, complaints and demands for damages, loss or injury whatsoever, whether arising directly or indirectly as a consequence of the use of Starseed's products or services.

In order to receive our products and services, the applicant or authorized person gives consent to Starseed Medicinal Inc. to disclose the necessary personal information to Starseed's service providers, including North Star Wellness Inc., and including without limitation, the health care practitioner named in this registration, in accordance with Starseed's Privacy Policy (www.starseed.com/privacy/).

The applicant and/or authorized person consents to the health care practitioner named in this registration disclosing to Starseed Medicinal Inc. the applicant's personal health information by phone, physical means or digital means (including Starseed's online portal or SFax secure system) for the purposes of processing this registration (which may include the submission of my Medical Document by digital means), client service and complying with the requirements of the Cannabis Regulations. The applicant understands and agrees that a copy of this consent and registration application may be provided to the health care practitioner named in this registration.

I consent to Starseed sending me e-mail communication ☐ Yes ☐ No

Applicant Signature**Date**

MMM / DD / YYYY